the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number

Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your **DORELLA** government-issued picture First name identification (for example, **NICOLE** your driver's license or passport). Middle name Middle name **FOUNTAIN** Bring your picture identification to your meeting Last name Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you **DORELLA** have used in the last 8 First name First name vears Middle name Include your married or Middle name maiden names **BROWN** l ast name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 8 8 8 1**your Social Security** number or federal OR OR Individual Taxpaver 9 xx - xx -_______ Identification number (ITIN)

12/17

Case 19-26195 Doc 1 Filed 12/06/19 Page 2 of 66

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|--|
| 4. Any business names and Employer Identification Numbers | ☐ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| (EIN) you have used in the last 8 years | QUEEN-ISH TENDENCIES COLLECTION Business name | Business name |
| Include trade names and doing business as names | Business name | Business name |
| | _83 <u>-4400421</u> | EIN |
| | EIN | EIN |
| 5. Where you live | | ff Debtor 2 lives at a different address: |
| | 6107 BREEZEWOOD COURT Number Street | Number Street |
| | 303 | |
| | GREENBELT MD 20770 City State ZIP Code | City State ZIP Code |
| | PRINCE GEORGE'S COUNTY County | County |
| | If your mailing address is different from the one above, fill it in bere. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | City State ZIP Code | City State ZIP Code |
| 6. Why you are choosing this district to file for | Check one: | Check one: |
| bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. | I have another reason. Explain. |
| | (See 28 U.S.C. § 1408.) | (See 28 U.S.C. § 1408.) |
| | | |
| | | |

A N. FOUNTAIN Debtor 1 Case number (it lim Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing 7. The chapter of the for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file ☑ Chapter 7 under Chapter 11 ☐ Chapter 12 ☐ Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your 8. How you will pay the fee local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for Z No bankruptcy within the Yes. District _ last 8 years? MM / DD / YYYY MM / DD / YYYY 10. Are any bankruptcy M No cases pending or being Yes. Debtor filed by a spouse who is Relationship to you not filing this case with Case number, if known you, or by a business MM / DD / YYYY partner, or by an affiliate? Relationship to you When MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

DORELLA N. FOUNTAIN Debtor 1 Case number (if Impum) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time business? Yes. Name and location of business A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it 13. Are you filing under Chapter 11 of the can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filling under Chapter 11. For a definition of small business debtor, see ☐ No. I am filling under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. Tyes. I am filling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any Z No property that poses or is ☐ Yes. What is the hazard?? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed?___ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property?? Number Street City State ZIP Code

DORELLA N. FOUNTAIN

| Case number (# Innown) | |
|------------------------|--|
|------------------------|--|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| ADDULDEDUDE I. | About I | Debtor | 1: |
|----------------|---------|---------------|----|
|----------------|---------|---------------|----|

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 - Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Ц | l am | not required | to receive a | briefing about |
|---|------|---------------|--------------|----------------|
| | cred | it counseling | because of | |

- ☐ Incapacity. I have a mental illness or a mental deficiency that makes me
 - incapable of realizing or making rational decisions about finances.
- ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or
 - through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 - Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l am n | ot required | to r | eceive | a | briefing | about |
|--------|-------------|------|--------|----|----------|-------|
| amadit | | | | -6 | | |

- Incapacity. I have a mental illness or a mental
 - deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ Disability. My physical disability causes me
 - to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-26195 Doc 1 Filed 12/06/19 Page 6 of 66

DORELLA N. FOUNTAIN

Debtor 1

| Pa | art 6: Answer These Que: | stions for Reporting Purposes |
|---|--|---|
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
| | , | No. Go to line 16b. Z Yes. Go to line 17. |
| | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |
| | | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. |
| | | 16c. State the type of debts you owe that are not consumer debts or business debts. |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chapter 7. |
| | Do you estimate that after any exempt property is | Yes. I am filting under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |
| | excluded and administrative expenses are paid that funds will be | ☑ No □ Yes |
| | available for distribution to unsecured creditors? | |
| 18. How many creditors do you estimate that you | | ☑ 1-49 □ 50-99 |
| | owe? | 100-199 |
| 19. How much do you | | ☑ 200-999 ☑ \$0-\$50,000 |
| | estimate your assets to be worth? | \$50,001-\$100,000 |
| | DC WOILIII | ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million |
| 20. | How much do you | \$0-\$50,000 |
| | estimate your liabilities to be? | ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 |
| Pa | rt 7. Sign Below | □ \$500,001-\$1 million |
| Fo | ryou | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7. |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. \S 342(b). |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | * Wella * |
| | | Signature of Debtor 1 Signature of Debtor 2 |
| | | Executed on 12 5 2019 Executed on MM / DD / YYYY |

| DORFLLA N. FOUN | JTAIN | J |
|-----------------|-------|---|

First Name

Michillo Name

Last Name

| Case number (if Innown) | |
|-------------------------|--|
|-------------------------|--|

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or property claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious a consequences? | action with long-term financial and legal |
|---|--|
| □ No ☑ Yes | |
| Are you aware that bankruptcy fraud is a serious crir inaccurate or incomplete, you could be fined or impri | |
| ☐ No ☑ Yes | |
| Did you pay or agree to pay someone who is not an 2 No | attorney to help you fill out your bankruptcy forms? |
| Yes. Name of Person | Declaration, and Signature (Official Form 119). |
| By signing here, I acknowledge that I understand the have read and understood this notice, and I am awa attorney may cause me to lose my rights or property | re that filing a bankruptcy case without an |
| x Dolla P | * |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 17 05 2019 | Date MM / DD / YYYY |
| Contact phone 2408406976 | Contact phone |
| Cell phone 2408406976 | Cell phone |
| Email address DORELLA.BROWN@GMAIL.COM | Email address |

| Fill in this in | iformation to id | entify your case: | |
|---------------------|--------------------|---------------------|-------------|
| Debtor 1 | | I. FOUNTAIN | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States I | Bankruptcy Court f | for the: DISTRICT (| OF MARYLAND |
| Case number | | | |
| | (If known) | | |



2819 DEC -6 AM 10: 56

U.S. BANKRUPTCY COURT
DISTRICT OF MAR Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| art 1: Summarize Your Assets | |
|--|-----------------------|
| | Your assets |
| Debutto AD December (OT 1 IT 1 100 AD) | Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | s 0.00 |
| 72. COPY MIC SS, TOMM TOM ESMARC, HUIT SCHOOLE PAD | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 1875.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | s 1875.00 |
| | |
| art 2: Summarize Your Liabilities | |
| | |
| | Your liabilities |
| | Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 0.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | 4 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | 0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | 200045.04 |
| , | + \$ 236945.34 |
| Your total liabilities | s 236945.34 |
| | |
| art 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$1500.00 |
| | |
| Schedule J: Your Expenses (Official Form 106J) | 2000.00 |
| Copy your monthly expenses from line 22c of Schedule J | \$ 2200.00 |

Case 19-26195 Doc 1 Filed 12/06/19 Page 9 of 66

Debtor 1

| DORELLA | N. FOUN | TAIN |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |

| Part | 4: Answer These Questions for Administrative and Statistical Records | | |
|--|---|--|--|
| | e you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | Yes | | |
| 7. W | at kind of debt do you have? | терина на межения выполнения на пределения на предоставления на предоставления на предоставления и предоставления на предоста | Constitution (Anni Constitution (Anni Constitution (Anni Constitution (Anni Constitution (Anni Constitution (A |
| Ø | Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | n individual primarily for a perso oses. 28 U.S.C. § 159. | nal, |
| On the second section of the section | Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules. | t of the form. Check this box an | nd submit |
| | om the Statement of Your Current Monthly Income: Copy your total current monthly in rm 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official | \$ <u>3931.67</u> |
| 9. Co | py the following special categories of claims from Part 4, line 6 of Schedule E/F: | от подоснот постойно таком не чето для на за два на задачение дать часто на стой | andre de dipulmient, landimentario esta escolució percentario escolució con cipario con con esta escolució est |
| | | Total claim | |
| F | rom Part 4 on Schedule E/F, copy the following: | | |
| 9a. | Domestic support obligations (Copy line 6a.) | \$0.00 | |
| 9b. | Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 | |
| 9c. | Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| 9d. | Student loans. (Copy line 6f.) | \$191709.00 | |
| 9e. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | |
| 9f. | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 | |
| 9g. | Total. Add lines 9a through 9f. | \$ <u>191709.00</u> | |
| | | THE STATE OF THE S | takken menalakan ke di mananan taka ana anangaya anangayan ayan yang angan yang ayan yang ayan yang ayan yang |

| Fill in this information to identify your case and th | is filing: | | |
|--|---|--|---------------------------------------|
| DORELLA N. FOUNTAIN | | | |
| Pist Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: DISTRICT | OF MARYLAND | | |
| Case number | | | |
| Case Humber | | Į. | Check if this is an |
| | | | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Propert | ty . | | 12/15 |
| In each category, separately list and describe item category where you think it fits best. Be as compl responsible for supplying correct information. If n write your name and case number (if known). Ans | lete and accurate as possible. If two married peop nore space is needed, attach a separate sheet to ti | e are filing together, be lis form. On the top of | oth are equally |
| Do you own or have any legal or equitable interes | | | |
| No. Go to Part 2. | we many resonance, bunding, minu, or summer pro- | erty: | |
| ☐ Yes. Where is the property? | | | |
| | What is the property? Check all that apply. | Do not deduct secured cl | aims or exemptions. Put |
| 1.1. | Single-family home | the amount of any secure Creditors Who Have Clair | ed claims on Schedule D: |
| Street address, if available, or other description | - ☐ Duplex or multi-unit building ☐ Condominium or cooperative | | nis Secured by Property. |
| | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | Land | e | e |
| | ☐ Investment property | 4 | a |
| City State ZIP Code | Timeshare | Describe the nature | |
| ony once an occur | Other | interest (such as fee the entireties, or a lif | |
| | Who has an interest in the property? Check one. | | o oomio, ii kilowii. |
| | Debtor 1 only | | |
| County | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | At least one of the debtors and another | (see instructions) | |
| | Other information you wish to add about this it property identification number: | em, such as local | |
| If you own or have more than one, list here: | property Rentincation number. | | |
| in you own or have more than one, not have. | What is the property? Check all that apply. | | |
| | Single-family home | Do not deduct secured cla the amount of any secure | d claims on Schedule D: |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Clair | ns Secured by Property. |
| Street address, if available, or other description | ☐ Condominium or cooperative | Current value of the | Current value of the |
| | ☐ Manufactured or mobile home | entire property? | portion you own? |
| | Land | \$ | \$ |
| | Investment property | Describe the neture | .f., |
| City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | - | |
| | Debtor 1 only | | |
| County | Debtor 2 only | | |
| • | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | At least one of the debtors and another | (see instructions) | - · · · |
| | Other information you wish to add about this ite property identification number: | | |

Official Form 106A/B

Case 19-26195 Doc 1 Filed 12/06/19 Page 11 of 66

DORELLA N. FOUNTAIN Debtor 1 Case number (if known) What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building ☐ Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land ☐ Investment property City State ZIP Code ☐ Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only lacksquare At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles M No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions, Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see

instructions)

Case 19-26195 Doc 1 Filed 12/06/19 Page 12 of 66 DORELLA N. FOUNTAIN Debtor 1 Case number (if known) Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$_ ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories M No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

| j. | Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages |
|----|--|
| | you have attached for Part 2. Write that number here |

instructions)

0.00

☐ Check if this is community property (see

Case 19-26195 Doc 1 Filed 12/06/19 Page 13 of 66

Debtor 1

DORELLA N. FOUNTAIN
First Name Middle Name Last Name

Case number (if Innown)

| P | art 3: Describe You | r Personal and Household Items | | |
|----|------------------------------------|--|----------|---|
| De | o you own or have any k | egal or equitable interest in any of the following items? | portion | value of the you own? duct secured claims ions. |
| 6. | Household goods and | furnishinas | • | |
| - | . • | oces, furniture, linens, china, kitchenware | | |
| | □ No | | | |
| | Yes. Describe | BED, BEDDING, COOKING UTENSILS, COUCH, EATING UTENSILS, MICROWAVE, PICTURE FRAMES, AND TOWELS | \$ | 400.00 |
| 7. | Electronics | | | |
| | collections; e | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games | | |
| | ☐ No ☑ Vas Describe | SMARTPHONE AND TV | ٦. | 300.00 |
| | TES. Describe | SMANIFICINE AND IV | \$ | 300.00 |
| 8. | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | - | |
| | Yes. Describe | | \$ | 0.00 |
| 9. | | nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | _ _ | • • • |
| | Tes. Describe | | | 0.00 |
| 10 | .Firearms | | | |
| | Examples: Pistols, rifles, | shotguns, ammunition, and related equipment | | |
| | Yes. Describe | | \$ | 0.00 |
| 11 | Clothes | | | |
| | Examples: Everyday clot | thes, furs, leather coats, designer wear, shoes, accessories | orano y | |
| | Yes. Describe | ALL CLOTHES AND FOOTWEAR | \$ | 200.00 |
| 12 | gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | ne oak | |
| | No Yes. Describe | COSMETIC JEWELRY | \$ | 10.00 |
| 13 | . Non-farm animals | | J | |
| | Examples: Dogs, cats, bi | irds, horses | | |
| | □ No | | | |
| | 2 Yes. Describe | CATS AND DOG | \$ | 150.00 |
| 14 | Any other personal and | household items you did not already list, including any health aids you did not list | arah | |
| | _ · | | | |
| | No Yes. Give specific information. | | \$ | 0.00 |
| | | 1 | -1 | |

for Part 3. Write that number here

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

1060.00

Case 19-26195 Doc 1 Filed 12/06/19 Page 14 of 66

Debtor 1

DORELLA N. FOLINTAIN

| ~ | JUELLY | IV. POUNTAL | IV V | |
|-----|--------|-------------|-----------|--|
| | | | | |
| ret | Name | Middle Name | Last Name | |

| Case number (# known) | |
|-----------------------|--|
|-----------------------|--|

| Do you own or have any legal or equitable interest in any of the following? Current value portion you Do not deduct or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes | |
|--|---|
| Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes | own? |
| □ No ✓ Yes Cash: \$ | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. I No Yes Institution name: | |
| Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: | 150.00 |
| Yes | |
| 17.1. Checking account: CAPITAL ONE \$ | |
| 17.2. Checking account: | |
| 17.2. Checking account: \$ | 0.00 |
| 47.0 On incompany | |
| V | |
| 17.4. Savings account: \$\$ | |
| 17.5. Certificates of deposit: | |
| 17.6. Other financial account: CAPITAL ONE \$ | 0.00 |
| 17.7 Other financial account: | *************************************** |
| 17.8. Other financial account: | |
| 17.9. Other financial account:\$ | |
| | |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Vi No | |
| Yes Institution or issuer name: | |
| <u> </u> | |
| <u></u> | |
| <u> </u> | |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture | |
| an LLC, parmersnap, and joint venture No Name of entity: % of ownership: | |

☐ Yes. Give specific information about

Name of entity:

% of ownership:

Case 19-26195 Doc 1 Filed 12/06/19 Page 15 of 66

Debtor 1

DORELLA N. FOUNTAIN
First Name Middle Name Last Name

| Case number (| if Imown) | | |
|---------------|-----------|--|--|

| Negotiable instruments | orate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. | |
|--|---|-------------|
| No Yes. Give specific | ents are those you cannot transfer to someone by signing or delivering them. Issuer name: | |
| information about them | | \$ |
| | 44.0 | \$ |
| | | \$ |
| 21. Retirement or pension Examples: Interests in li | accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharings. | og plane |
| ☑ No | a case t, reason, to they, tooley, and savings accounts, or other periodor or professional | g plans |
| Yes. List each account separately. | Type of account: Institution name: | |
| | 401(k) or similar plan: | <u> </u> |
| | Pension plan: | |
| | IRA: | \$ |
| | Retirement account: | s |
| | Keogh: | \$ |
| | | |
| | | |
| | Additional account: | <u> </u> |
| | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: | \$ |
| | Gas: | \$ |
| | Heating oil: | \$ |
| | Security deposit on rental unit: FRANKLIN PARK | \$665.00 |
| | Prepaid rent: | |
| | Telephone: | \$ |
| | Water: | <u> </u> |
| | Rented furniture: | <u> </u> |
| | Other: | <u> </u> |
| 23. Annuities (A contract fo | a periodic payment of money to you, either for life or for a number of years) | |
| ¥ZINo □ Yes | In the second description | |
| □ res | Issuer name and description: | • |
| | | \$ \$ |
| | | \$ |

Case 19-26195 Doc 1 Filed 12/06/19 Page 16 of 66

DORELLA N. FOUNTAIN Case number (if Isnown) Debtor 1 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ZÍ No \$_ 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit 2 No Yes. Give specific 0.00 information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 2 No ☐ Yes. Give specific 0.00 2 information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses M No ☐ Yes. Give specific 0.00 information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No. ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement:

30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Schedule A/B: Property

Social Security benefits; unpaid loans you made to someone else ☑ No

☐ Yes. Give specific information.....

Official Form 106A/B

0.00

Case 19-26195 Doc 1 Filed 12/06/19 Page 17 of 66

DORELLA N. FOUNTAIN Case number (if Imown) Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ZÍ No ☐ Yes. Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Mo No Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No Yes, Describe each claim..... 0.00 35. Any financial assets you did not already list 0.00 ☐ Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 815.00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No

Yes, Describe

Case 19-26195 Doc 1 Filed 12/06/19 Page 18 of 66

Case number (# known)_

Debtor 1

DORELLA N. FOUNTAIN

| 40. Machinery, fixtures, equi | pment, supplies you use in business, and tools of your trade | |
|---|---|--|
| □ No | person, cappaine you are at each coop of your nade | |
| Yes. Describe | | |
| | | \$ |
| 44 1 | | |
| 41. Inventory | | |
| Yes. Describe | | and the state of t |
| | | \$ |
| 42. Interests in partnerships | or joint ventures | |
| □ No | or joint ventures | |
| Yes. Describe Na | and and the | |
| - Na | ime of entity: % of owner | ship: |
| _ | % | \$ |
| | | \$ |
| | % | \$ |
| 43. Customer lists, mailing li | sts, or other compilations | |
| □ No | , | |
| Yes. Do your lists inc | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| ☐ No | | |
| Yes. Describe | | The state of the s |
| | | \$ |
| AA Amy hypinage related mee | perty you did not already list | on the second se |
| No | perty you did not already list | |
| Yes. Give specific | | |
| information | | <u> </u> |
| | | <u> </u> |
| | | \$ |
| | | |
| | | _ |
| | | _ \$ |
| | | _ \$ |
| 45. Add the dollar value of al | of your entries from Part 5, including any entries for pages you have attached | s 0 |
| for Part 5. Write that num | ber here | → \$0 |
| | | |
| | | |
| Part 6: Describe Any I | arm- and Commercial Fishing-Related Property You Own or Have an Inter | est in. |
| If you own or have | re an interest in farmland, list it in Part 1. | |
| 40 Da | | |
| 46. D o you own or have any i Mad No. Go to Part 7. | egal or equitable interest in any farm- or commercial fishing-related property? | |
| Yes. Go to line 47. | | |
| — 103. 00 to line 47. | | |
| | | Current value of the portion you own? |
| | | Do not deduct secured claims |
| 17. Farm animals | | or exemptions. |
| Examples: Livestock, poultr | v farm-raised fish | |
| □ No | y, reconstructed fight | |
| Yes | | ************************************** |
| | | To the second se |
| | | \$ |
| | | The state of the s |

Case 19-26195 Doc 1 Filed 12/06/19 Page 19 of 66

Case number (if known)_

DORELLA N. FOUNTAIN

Debtor 1

Official Form 106A/B

| Litzi tekune warane tekune rasi tekune. | | | |
|--|--|-------------------|--------------------|
| 48. Crops—either growing or harvested | | | |
| □ No | | | |
| Yes. Give specific | | | |
| information | | \$ | |
| | | | |
| 49. Farm and fishing equipment, implements, machinery, fixture | s, and tools of trade | | |
| ☐ No ☐ Yes | | | |
| ☐ Yes | | | |
| | | \$ | |
| 50. Farm and fishing supplies, chemicals, and feed | | | |
| □ No | | | |
| ☐ Yes | | 1 | |
| 160 | | | |
| | | | |
| 51. Any farm- and commercial fishing-related property you did n | oot aiready list | | |
| □ No | | | |
| Yes. Give specific | | | |
| information | · | \$ | |
| | | | 0.00 |
| 52. Add the dollar value of all of your entries from Part 6, includ for Part 6. Write that number here | ang any entries for pages you have attached | → \$ | 0.00 |
| | | <u>L</u> | |
| | | | |
| The second secon | on futurest in That You Bid Not I lot Ab | | |
| Part 7: Describe All Property You Own or Have | an interest in I hat I ou bit not List Ab | Ove | |
| 53. Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific | HDL f | \$ | |
| information | | \$ | |
| | | s | |
| | | | |
| A STATE OF THE STA | 1h - 4 | → \$ | 0 |
| 54. Add the dollar value of all of your entries from Part 7. Write t | mat number nere | | |
| | | | |
| | | | |
| Part 8: List the Totals of Each Part of this Form | | | |
| | | | 0.00 |
| 55. Part 1: Total real estate, line 2 | | → \$ | 0.00 |
| and the second s | . 0.00 | | |
| 56. Part 2: Total vehicles, line 5 | 3 | | |
| 57. Part 3: Total personal and household items, line 15 | \$ 1060.00 | | |
| 57.1 21.5 1 50.2 F 5.05.12 2.1 5 15 15 15 15 15 15 15 15 15 15 15 15 15 | 045.00 | | |
| 58. Part 4: Total financial assets, line 36 | 815.00 | | |
| | 3 | | |
| | 4 | | |
| 59. Part 5: Total business-related property, line 45 | \$0 | | |
| | 4 | | |
| 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 | \$0 \$0.00 | | |
| | s 0 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 \$ 0.00 +\$ 0 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 \$ 0.00 +\$ 0 | tal → + \$ | 1875.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 | \$ 0.00 \$ 0.00 +\$ 0 | tal → + \$ | 1875.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 | \$ 0.00 \$ 0.00 +\$ 0 | tal → + \$ | |
| 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 | \$ 0.00 \$ 0.00 +\$ 0 \$ 0 0 Copy personal property to | tal → + \$ \$ | 1875.00 1875.00 |

| _ | | | | | | | | |
|----------------------------|--|--|--|--------------------------------------|----------------------------|--|---------------------------------------|------------------------------|
| Ē | ill in this inform | ation to identify your case: | | | | | | |
| D | Pebtor 1 DOI | RELLA N. FOUNTAIN | | Last Name | | | | |
| 1 - | ebtor 2 Spouse, if filing) First N | ame Middle Name | · · · · · · · · · · · · · · · · · · · | Last Name | | | | |
| | - | uptcy Court for the: DISTRIC | | | MID | | | |
| | ase number | they come are. DISTAIC | | AN I L | AIND | | Г | Check if this is a |
| | f known) | | | | | | _ | amended filing |
| | | | | | | | | |
| 0 | fficial Forr | n 106C | | | | | | |
| S | chedul | e C: The Prop | perty ` | You | Clain | n as Exemp | t | 04/19 |
| Usi spa | ng the property y ice is needed, fill | accurate as possible. If two ma ou listed on Schedule A/B: Prop out and attach to this page as r number (if known). | perty (Official I | Form 106A | /B) as your | source, list the property that | you claim as exe | empt. If more |
| of a reti limi wo | any applicable s rement funds— its the exemptio uld be limited to | unt as exempt. Alternatively, tatutory limit. Some exemption may be unlimited in dollar amount to a particular dollar amounthe applicable statutory amounts. | ons—such as nount. Howev nt and the val ount. | those for er, if you ue of the | health aids claim an ex | , rights to receive certain emption of 190% of fair m | benefits, and tax arket value unde | c-exempt or a law that |
| Ρ. | ari i Identi | fy the Property You Claim | as Exempt | | | | · · · · · · · · · · · · · · · · · · · | · |
| 1. | Which set of e | kemptions are you claiming? | Check one on | ıly, even if | your spous | e is filing with you. | | |
| | | iming state and federal nonbani iming federal exemptions. 11 U | | | U.S.C. § 52 | 2(b)(3) | | |
| | La lou ale ca | ning rederal exemptions. 11 o | .s.c. 9 522(b) |)(Z) | | | | |
| 2. | For any proper | ty you list on <i>Schedule A/B</i> ti | hat you claim | as exemp | ot, fill in the | information below. | | |
| | | on of the property and line on that lists this property | Current valu | | Amount of | the exemption you claim | Specific laws | that allow exemption |
| | | | Copy the value Schedule A/E | | Check only | one box for each exemption. | | |
| | Brief description: | HOUSEHOLD GOODS | \$ | 400.00 | ∅ \$ | 400.00 | Md. Code Ann., [Cts. | & Jud. Proc.] § 11-504 (b)(4 |
| | Line from Schedule A/B: | 6 | | | 100% | of fair market value, up to plicable statutory limit | | |
| | Brief description: | ELECTRONICS | \$ | 300.00 | ☑ \$ | 300.00 | Md. Code Ann., [Cts. | & Jud. Proc.] § 11-504 (b)(4 |
| | Line from Schedule A/B: | 7 | | | | of fair market value, up to plicable statutory limit | | |
| | Brief description: | CLOTHES | \$ | 200.00 | Ø \$ | 200.00 | Md. Code Ann., [Cts. | & Jud. Proc.] § 11-504 (b)(4 |
| | Line from Schedule A/B: | 11 | | | | of fair market value, up to plicable statutory limit | Md. Code Ann., [Cts. | & Jud. Proc.] § 11-504 (b)(5 |
| 3. | Are you claimin | ng a homestead exemption of | f more than \$ | 170,350? | | | | |
| - | (Subject to adju- | stment on 4/01/22 and every 3 | | - | filed on or | after the date of adjustment | .) | |
| | _ | acquire the property covered I | by the exempti | ion within | 1,215 days I | pefore you filed this case? | | |
| | ☐ No ☐ Yes | | | | | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 21 of 66

Debtor 1

DORELLA N. FOUNTAIN

| | | 17 491 4 | |
|------------|-------------|-----------|--|
| | | **** | |
| First Name | Middle Name | Last Name | |

| Case number (if known) | | | |
|------------------------|--|--|--|
|------------------------|--|--|--|

Part 2: Additional Page

| | on of the property and line VB that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|--------------------------------------|--|---|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | JEWELRY | \$10.00 | \$10.00 | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(£ |
| Line from Schedule A/B: | 12 | | ☐ 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1 |
| Brief description: | PERSONAL ANIMALS | \$150.00 | \$ 150.00 100% of fair market value, up to | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4 |
| Line from Schedule A/B: | 13 | | any applicable statutory limit | |
| Brief description: | CASH | \$150.00 | \$ 150.00 | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(£ |
| Line from Schedule A/B: | 16 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | CAPITAL ONE | \$ | 5 \$ 0.00 | Md. Code Ann., {Cts. & Jud. Proc.} § 11-504 (b)(£ |
| Line from Schedule A/B: | <u>17</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1 |
| Brief description: | CAPITAL ONE | \$0.00 | ∞ \$ | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(£ |
| Line from Schedule A/B: | <u>17</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1 |
| Brief description: | FRANKLIN PARK | \$665.00 | \$665.00 | Md. Code Ann., {Cts. & Jud. Proc.} § 11-504 (b)(£ |
| Line from Schedule A/B: | 22 | | 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1 |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | O \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| F | ill in this ir | nformation to identif | fy your cas | SO. | | | | | |
|-----|--------------------------------|--|--|------------------------|--|-----------------------------|--|--|-------------------|
| | | | | | | | | | |
| D | ebtor 1 | DORELLA N. FC | | | | | | | |
| _ | | First Name | Middle | Name | Last Name | | | | |
| | lebtor 2 Spouse, if filing) | First Name | Middle I | lame | Last Name | | | | |
| ١ | laste of Otata | Bankruptcy Court for the | DIST | RICT OF | | n | | | |
| ١٠ | nited States | Bankruptcy Court for the | e: Dioi | | WANTLAN | <i>U</i> | | | |
| | ase number | | ······································ | | _ | | | | |
| | lf known) | | | | | | | | if this is an |
| | | | | | | | | ameno | ed filing |
| C | Official | Form 106D | | | | | | | |
| _ | | | - | | | | | | |
| 8 | sched | ule D: Cre | ditor | s Who I | lave Cla | ims Secur | ed by Pro | perty | 12/15 |
| В | e as compl | lete and accurate as | possible. | If two married | people are filing | together, both are eq | ually responsible | ior supplying correc | f |
| ın | itormation. | it more space is nei | eded, cop | y the Additiona | il Page, fill it out. | number the entries, | and attach it to this | form. On the top of | any |
| ac | dditional pa | ages, write your nan | ne and cas | e number (if k | nown). | | | · | • |
| 4 | Do any en | editors have claims | ecourad b | | | | | | |
| ٠. | | | | | | edules. You have nothi | | Abia faran | |
| | ☐ Yes Fi | ill in all of the informat | ition helow | II to the court w | iai your outer scri | edules. You have nothi | ing eise to report on | this form. | |
| | | in in an or the knothing | won below. | | | | | | |
| Pa | nt 1: Lie | st All Secured Cla | aime | | | | | | |
| | | | | | | | | | |
| 2. | List all sec | cured claims. If a cre | editor has m | ore than one se | ecured claim, list t | he creditor separately | Column A Amount of claim | Column B | Column C |
| | for each cla | aim. If more than one | e creditor h | as a particular o | laim. list the other | creditors in Part 2 | Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | As much a | s possible, list the cla | nims in allph | abetical order a | ccording to the cr | editor's name. | value of collateral. | claim | if any |
| 2.1 |] | | | Describe the | property that secu | was the eleim. | is a second to the second of | a Control de la compania de la comp La compania de la co | |
| | Creditor's Na | me | | Describe the (| Aroperty dian secu | res uie ciaini. | · • | - • | 2 |
| | | | | | | | | | |
| | Number | Street | | <u> </u> | | | | | |
| | | | | As of the date | you file, the clain | n is: Check all that apply. | | | |
| | | | | Contingent | | | | | |
| | City | State | ZIP Code | Unliquidate | đ | | | | |
| | - | | ZIF CODE | ☐ Disputed | | | | | |
| _ | | he debt? Check one. | | Nature of tien. | Check all that apply | <i>1</i> . | | | |
| Ļ | _i Debtor1 o | • | | An agreeme | ent you made (such a | as mortgage or secured | | | |
| L | Li Debtor2 ∈ Debtor1 : | • | | car loan) | n (such as tax lien, ı | | | | |
| | | and Debtor 2 only ne of the debtors and an | andhar | - | #1 (such as tax øen, i en from a lawsuit | mechanic's lien) | | | |
| _ | _ | | | | ding a right to offset) | • | | | |
| L | | this claim relates to a | а | • | , | | • | | |
| D | commun ate debt wa | • | | l ast A digits o | f account number | | | | |
| 2.2 | | | | | | | | | |
| | Creditor's Nan | ne . | | nescribe me t | property that secu | res the claim: | \$ | . \$; | <u> </u> |
| | 0.04 | | | | | | | | |
| | Number | Street | | | | | | | |
| | | | | As of the date | you file, the claim | is: Check all that apply. | | | |
| | | | | ☐ Contingent | | | | | |
| | City | State 2 | ZIP Code | Unliquidated | i | | | | |
| | • | | ZIP CODE | ☐ Disputed | | | | | |
| W | The owes th | e debt? Check one. | | Nature of lien. | Check all that apply | • | | | |
| | Debtor 1 c | | | | ent you made (such a | as mortgage or secured | | | |
| | | | | carloan) | | | | | |
| Ļ | | and Debtor 2 only ne of the debtors and and | -41 | | n (such as tax lien, n en from a lawsuit | necnanic's lien) | | | |
| _ | A AT ICAST OF | re or the deptors and and | omer | | en from a lawsuit Jing a right to offset) | | | | |
| | | this claim relates to a | 3 | - One large | any a nyst to oriset) | | • | | |
| | communi | • | | | | | | | |
| D | ate debt wa | s incurred | | Last 4 digits of | account number | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

٥

Case 19-26195 Doc 1 Filed 12/06/19 Page 23 of 66

| _ | 0000 10 20100 | | 710 1 ago 2 | 0 01 00 | | |
|------------|--|--|--|--|--|--|
| F | fill in this information to identify your case: | | | | | |
| | DORELLA N. FOUNTAIN First Name Middle Name | | | | | |
| | Debtor 2 | Łast Name | | | | |
| | Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: DISTRICT | | | | | |
| ١. | • • | OF WARTLAND | | | ☐ Che | ck if this is an |
| | ase number | | | | | ended filing |
| 0 | fficial Form 106E/F | | | | | |
| S | chedule E/F: Creditors V | Vho Have Unsecu | ured Clair | ns | | 12/15 |
| A/E cre | as complete and accurate as possible. Use Part to the other party to any executory contracts or 3: Property (Official Form 106A/B) and on Sched ditors with partially secured claims that are list eded, copy the Part you need, fill it out, number y additional pages, write your name and case nu | unexpired leases that could result fule G: Executory Contracts and U ed in Schedule D: Creditors Who the entries in the boxes on the le | t in a claim. Also l Unexpired Leases (Have Claims Secu | ist executory co (Official Form 1: red by Property | ontracts on S 06G). Do not | chedule include any |
| Pa | It 1: List All of Your PRIORITY Unsecur | red Claims | | | | |
| 1. | Do any creditors have priority unsecured claim No. Go to Part 2. | s against you? | | | | |
| | Yes. | | | | | |
| | List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cursecured claims, fill out the Continuation Page of | a claim has both priority and nonpri claims in alphabetical order according Part 1. If more than one creditor ho | iority amounts, list thing to the creditor's need to the creditor's needs to the claim to the cl | nat claim here ar | d show both | priority and |
| | (For an explanation of each type of claim, see the i | instructions for this form in the instru | iction booklet.) | Total claim | Priority | Nonpriority |
| |] | | | | amount | amount |
| 2.1 | Priority Creditor's Name | Last 4 digits of account number | | \$ | \$ | _ \$ |
| | Number Street | When was the debt incurred? | **** | | | |
| | | As of the date you file, the claim | is: Check all that appl | ٧. | | |
| | City State ZIP Code | ☐ Contingent | ••• | | | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | | | | |
| | Debtor 1 only | ☐ Disputed | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured c | :laim: | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | Taxes and certain other debts you | owe the government | | | |
| | Check if this claim is for a community debt is the claim subject to offset? | Claims for death or personal injury | | | | |
| | ☐ No | Other. Specify | | | | |
| | ☐ Yes | | | - | | |
| 2.2 | | | | ************************************** | CANONINA MINISTRALIA DE CANONINA DE CA | MATERIAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR |
| | Priority Creditor's Name | Last 4 digits of account number | | \$ | \$ | <u> </u> |
| | Number Street | • | 1,11,1 | | | |
| | | As of the date you file, the claim i | s: Check all that apply | 1. | | |
| | City State ZIP Code | Contingent | | | | |
| | • | Unliquidated Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | - Dahmen | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured cl | laim: | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | Taxes and certain other debts you | owe the government | | | |
| | Check if this claim is for a community debt | Claims for death or personal injury | | | | |
| | — опеск и ина скини в ют а солилител оевс | intoxicated | - | | | |

☐ No ☐ Yes

is the claim subject to offset?

Other. Specify_

Case 19-26195 Doc 1 Filed 12/06/19 Page 24 of 66

| DORELLA N. FOUNTAIN | 3 |
|--------------------------|------------------------|
| DOLLECTY 14: 1 OOM IVIIA | Cone mumber |
| | Case number (if known) |

| | PERSONAL MINISTER MINISTER LE | .ast Name | | | | | |
|----------------|--|-------------|-------------------|--|----------------------------------|----------------|---|
| Pa | It 2: List All of Your NONPRIORITY | Y Unsecu | rred Claims | | | | |
| 3. | Do any creditors have nonpriority unsecu | ured claim | s against you | ? | | | |
| | No. You have nothing to report in this par | | | | | | |
| and the second | ☑ Yes | | | o com i mai year cardi bardanos. | | | |
| 4 | ist all of your nonpriority unsecured claim | inne in the | alababatical d | | | | |
| - | List all of your nonpriority unsecured clair nonpriority unsecured claim, list the creditor | separately | for each claim | i. For each claim listed, identify wh | nativne of claim it is Do no | t liet cla | ime already |
| i | included in Part 1. If more than one creditor f | holds a pa | rticular claim, i | ist the other creditors in Part 3.If y | ou have more than three no | onpriori | ty unsecured |
| 9 | claims fill out the Continuation Page of Part 2 | 2. | | | | | |
| <u> </u> | | | | | | Tota | at claim |
| 4.1 | ABILITY RECOVERY SERVI | | | Last 4 digits of account number | . AAN1 | enen Sudgeboom | tienen mentekana i minimus intekasio i siin in ar |
| | Nonpriority Creditor's Name | | | Last 4 uights of account framper | | \$ | <u>500.00</u> |
| | PO BOX 4031 | | | When was the debt incurred? | <u>2/15/19</u> | | |
| | Number Street | | | | | | |
| | WYOMING PA City State | | 3644 Code | As of the date you file, the claim | io. Ob a de all that a set | | |
| | City State | ; ZIP | Code | _ | is: Check all that apply. | | |
| | Who incurred the debt? Check one. | | | Contingent | | | |
| | 2 Debtor 1 only | | | Unliquidated | | | |
| | Debtor 2 only | | | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | ured claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community d | 4-64 | | Obligations arising out of a sepa | ration agreement or divorce | | |
| | • | reia. | | that you did not report as priority | daims | | |
| | is the claim subject to offset? Zi No | | | Debts to pension or profit-sharing | g plans, and other similar debts | 3 | |
| | ¥2 No ☐ Yes | | | Other. Specify <u>COLLECTI</u> | <u>ON</u> | | |
| | - 100 | | | | | | |
| 4.2 | BUTLET TRANSPORTATION SEVICES | | | Last 4 digits of account number | UNKNOWN | \$ | 269.34 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 2019 | | |
| | 1717 WHITEHEAD ROAD | | | | | | |
| | Number Street | | | An of the date was file the above | | | |
| | WOODLAWN MD City State | | 207 Code | As of the date you file, the claim | is: Check all that apply. | | |
| | • | 2117 | Code | Contingent | | | |
| | Who incurred the debt? Check one. | | | Unliquidated Disputed | | | |
| | Debtor 1 only | | | ☐ Disputed | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans | | | |
| | | | | Obligations arising out of a separ | ration agreement or divorce | | |
| | ☐ Check if this claim is for a community de | ebt | | that you did not report as priority | claims | | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing | plans, and other similar debts | ; | |
| | ₩ No | | | Other. Specify MEDICAL | | | |
| | Yes | | | | | | |
| 1.3 | CAPITAL ONE BANK USA N | | | Last 4 digits of account number | 8686 | | 400.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 10/24/18 | \$ | <u> 199.00</u> |
| | PO BOX 85520 | | | when was the test likturied? | <u> 10/24/1</u> 0 | | |
| | Number Street RICHMOND VA | | ^ | | | | |
| | RICHMOND VA City State | | 285 Code | As of the date you file, the claim | is: Check all that apply. | | |
| | | ، اسه | | ☐ Contingent | | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | | |
| | Debtor 1 only Debtor 2 only | | | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | | | | | | |
| | At least one of the debtors and another | | | Type of NONPRIORITY unsecu | red claim: | | |
| | | | | Student loans | | | |
| | Check if this claim is for a community de | ebt | | Obligations arising out of a separate that you did not separate a priority | ation agreement or divorce | | |
| | Is the claim subject to offset? | | | that you did not report as priority of Debts to pension or profit-sharing | | | |
| | No Clare | | | Other. Specify <u>CREDIT CA</u> | | | |
| | ☐ Yes | | | | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 25 of 66 DORELLA N. FOUNTAIN

| JUKELLA | N. FOUN | IAIN |
|---------|---------|------|
| | | |
| | | |

Case number (if known)

Part 2:

| AIE | er listing any entries on this page, number them beginning wit | III 4.4, ronowed by 4.5, and so forth. | Total claim |
|-----|--|---|-------------------|
| 4.4 | COMMONWEALTH FINANCIAL | Last 4 digits of account number 25N1 | s 620.00 |
| | Nonpriority Creditor's Name | | \$_ <u>020.00</u> |
| | P O BOX 197 | When was the debt incurred? $10/3/19$ | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | DUNMORE PA 18512 City State ZIP Code | | |
| | City State ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | - Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | 12 No | Other. Specify COLLECTION | |
| | ☐ Yes | | |
| | | | |
| 4.5 | CONVERGENT OUTSOURCING | Last 4 digits of account number 8000 | s 1433.00 |
| | Nonpriority Creditor's Name | | Ψ |
| | 800 SW 39TH ST | When was the debt incurred? $\frac{7/3/17}{}$ | |
| | Number Street | | |
| | RENTON WA 98057 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | | ☐ Disputed | |
| | Ø Debtor 1 only ☐ Debtor 2 only | T. (1101) | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other, Specify COLLECTION | |
| | ☑ No | - ono. opomy | |
| | ☐ Yes | | |
| 4.6 | | | s 15172.00 |
| | CREDIT ACCEPTANCE CORP | Last 4 digits of account number 2797 | \$_15172.00 |
| | Nonpriority Creditor's Name | 0/04/47 | |
| | PO BOX 513 | When was the debt incurred? $8/24/17$ | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | SOUTHFIELD MI 48037 City State 7IP Code | | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | |
| | ✓ At least one of the debtors and another | U Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | ts the claim subject to offset? | Other. Specify OTHER | |
| | ₩ No | | ! |
| | ☐ Yes | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 26 of 66

DORELLA N. FOUNTAIN

First Name Middle Name Last Name

Case number (if known)

Debtor 1

| 9 | • | × | 9 |
|---|---|---|---|

| fter listing any | entries on this page, nu | mber ther | n beginning with | 4.4, followed by 4.5, and so forth. | | Total claim |
|-----------------------------------|------------------------------|------------|------------------|---|-----------------------------------|-------------------------|
| CREDIT COLLE | CTION SERV | | | Last 4 digits of account number | 6274 | s 822.00 |
| Nonpriority Credit | | | | _ | 4/29/19 | <u> </u> |
| 725 CANTON ST | | | | When was the debt incurred? | 4/23/13 | |
| Number 5 | Street | | | As of the date you file, the claim | is: Check all that apply. | |
| NORWOOD | | MA | 02062 | <u> </u> | | |
| City | | State | ZIP Code | ☐ Contingent☐ Unliquidated | | |
| Who incurred | i the debt? Check one. | | | Disputed | | |
| Debtor 1 o | nilv | | | - Disputed | | |
| Debtor 2 o | = | | | Type of NONPRIORITY unsecu | red claim: | |
| | nd Debtor 2 only | | | ☐ Student loans | | |
| | e of the debtors and another | | | Obligations arising out of a sepa you did not report as priority cla | | |
| ☐ Check if t | his claim is for a commu | nity debt | | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Is the claim : | subject to offset? | | | Other. Specify COLLECTION | ON | |
| ØÍNo □ Yes | | | | | | |
| | | | | | | 00010.00 |
| J FEDLOAN SER | VICING | | | Last 4 digits of account number | <u> 0011</u> | _{\$_} 26619.00 |
| Nonpriority Credi | | | | | 9/13/13 | |
| P.O. BOX 5302 | 10 | | | When was the debt incurred? | 3/10/10 | |
| Number | Street | | | As of the date you file, the claim | n is: Check all that apply. | |
| ATLANTA | | GA | 30353-0210 | _ | | |
| City | | State | ZIP Code | Contingent | | |
| Mho incurre | d the debt? Check one. | | | Unliquidated | | |
| | | | | ☐ Disputed | | |
| Debtor 1 o | | | | Type of NONPRIORITY unsecu | rred claim: | |
| Debtor 2 o | my nd Debtor 2 only | | | 7 | | |
| | e of the debtors and another | r | | Student loans | aration agreement or divorce that | |
| ☐ At least G | e of the actions and ansare. | | | Obligations arising out of a sep- you did not report as priority da | | |
| ☐ Check if | this claim is for a commu | mity debt | | Debts to pension or profit-shari | | |
| Is the claim | subject to offset? | | | Other. Specify | | |
| ZŽ No | | | | | | |
| Yes | | | | | | |
| | | | | Last 4 digits of account numbe | _r 0016 | _{\$} 7249.00 |
| FEDLOAN SER | | | | | | |
| Nonpriority Cred P.O. BOX 5302 | 10 | | | When was the debt incurred? | 9/7/17 | |
| Number | Street | GA | 30353-0210 | As of the date you file, the clair | n is: Check all that apply. | |
| City | | State | ZIP Code | Contingent | | |
| City | | Cultur | | Unliquidated | | |
| Who incurre | d the debt? Check one. | | | Disputed | | |
| Debtor 1 | only | | | y | | |
| Debtor 2 | • | | | Type of NONPRIORITY unsect | ured claim: | |
| | and Debtor 2 only | | | Student loans | | |
| At least or | ne of the debtors and anothe | ır | | Obligations arising out of a sep | aration agreement or divorce that | |
| Charl # | this claim is for a comm | unity daht | | you did not report as priority cla | aims | |
| | | wary Godi | | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | subject to offset? | | | Other. Specify | | |
| ₩ No | | | | | | |
| ☐ Yes | | | | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 27 of 66

DORELLA N. FOUNTAIN

Case number (if known)

Last Name

Debtor 1

Part 2:

| four NONPRIORITY Unsecured Claims — Continuation Page | 2 |
|---|---|
|---|---|

| Afte | listing any entries on this page, number them beg | inning with 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|---|--|
| 4.10 | FEDLOAN SERVICING | Last 4 digits of account number 0009 | \$ 7168.00 |
| | Nonpriority Creditor's Name P.O. BOX 530210 | When was the debt incurred? 6/11/12 | The state of the s |
| | Number Street | As of the date you file, the claim is: Check all that apply. | Statement of |
| | Albatia | 353-0210 | summer the state of the state o |
| | City State ZIP (| Code Contingent Unliquidated | (c) Kindenser et en |
| | Who incurred the debt? Check one. | ☐ Disputed | . A COLUMN AND A C |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | and the second s |
| | Debtor 2 only | <u> </u> | 8 |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | | you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ☑ No ☐ Yes | | and or rect you. |
| 4.11 | FEDLOAN SERVICING | Last 4 digits of account number 0017 | \$_6859.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 9/7/17 | |
| | P.O. BOX 530210 | when was the debt incurred: | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | AILANIA | 0353-0210 | |
| | City State ZIP | Code Contingent Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | _ | □ Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | | you did not report as priority claims | |
| | Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| on the section of the | ☑ No □ Yes | | |
| 4.12 | FEDLOAN SERVICING | Last 4 digits of account number 0005 | _{\$} 6320.00 |
| er and entry indicate and the | Nonpriority Creditor's Name P.O. BOX 530210 | When was the debt incurred? 9/17/10 | |
| C | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ALDARIA | Code Contingent | |
| | City City | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| 1 | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☑ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| 1 | No | | |
| | ¥2 No ☐ Yes | | |
| 1 | ₩ 100 | | 98999 |

Case 19-26195 Doc 1 Filed 12/06/19 Page 28 of 66

| Afte | er listing any entries on this page, number the | m beginning with | h 4.4, followed by 4.5, and so forth. | Total claim | |
|------|---|------------------|--|-------------------|--|
| 1.13 | | | Last 4 digits of account number 0014 | *** | |
| | FEDLOAN SERVICING Nonpriority Creditor's Name | | Last 4 digits of account number 00 17 | \$ 23482.0 | |
| | P.O. BOX 530210 | | When was the debt incurred? $12/28/16$ | | |
| | Number Street | | An of the date was file the elements (the electrical that and | | |
| | ATLANTA GA 30353-0210 City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | | |
| | ☑ Debtor 1 only | | ☐ Disputed | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | Student loans | | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a community debt | | you did not report as priority claims | | |
| | _ | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | Other. Specify | | |
| | ☑ No □ Yes | | | | |
| | ₩ Yes | | | | |
| .14 | FEDLOAN SERVICING | | Last 4 digits of account number 0006 | s 1872.00 | |
| | Nonpriority Creditor's Name | | - | <u> </u> | |
| | P.O. BOX 530210 | | When was the debt incurred? $9/23/09$ | | |
| | Number Street | | - | | |
| | ATLANTA GA | 30353-0210 | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | Debtor 1 only | | T (1) 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | Other. Specify | | |
| | ZÍ No | | Culor. Specify | | |
| | Yes | | | | |
| 15 | ETDI ANI SEDMONO | | Last 4 digits of account number 0012 | \$ 27040.00 | |
| | FEDLOAN SERVICING Nonpriority Creditor's Name | | Last 4 tigles of account frumber | | |
| | P.O. BOX 530210 | | When was the debt incurred? 9/16/14 | | |
| | Number Street ATLANTA GA | 30353-0210 | As of the date you file, the claim is: Check all that apply. | | |
| ; | City State | ZIP Code | Contingent | | |
| | | | ☐ Unfiguidated | | |
| , | Who incurred the debt? Check one. | | ☐ Disputed | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | Student loans | | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | Other. Specify | | |
| | Ø № | | | | |
| | ☐ Yes | | | | |

Part 2:

Case 19-26195 Doc 1 Filed 12/06/19 Page 29 of 66 DORELLA N. FOUNTAIN Case number (# known)____

| 114. 1 0 | | , | | |
|----------------|---|------------|--|--|
| | | | | |
| Middle Non | _ | Look Maren | | |

| ter | listing any entries on this page, number th | em beginning with | 4.4, followed by 4.5, and so forth. | Total cla |
|-----|---|-------------------|--|----------------|
| 1 | | | Last 4 digits of account number 0003 | 2000 |
| | FEDLOAN SERVICING | | _ | \$ 3266 |
| | Nonpriority Creditor's Name | | When was the debt incurred? $9/23/09$ | |
| | P.O. BOX 530210 Number Street | | | |
| | ATLANTA GA | 30353-0210 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code Who incurred the debt? Check one. | | Contingent | |
| | | | ☐ Unliquidated | |
| | | | Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a community debt | t | you did not report as priority claims | |
| | • | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other. Specify | |
| | Ø № | | | |
| | Yes | | | |
| | FEDLOAN SERVICING | | Last 4 digits of account number 0001 | s 3231 |
| | Nonpriority Creditor's Name | | _ | |
| | P.O. BOX 530210 | | When was the debt incurred? $8/19/06$ | |
| | P.O. BOX 530210 Number Street | | _ | |
| | ATLANTA GA | 30353-0210 | As of the date you file, the claim is: Check all that apply. | |
| 1 | City State | ZIP Code | Contingent | |
| | - | | ☐ Unliquidated | |
| 1 | Who incurred the debt? Check one. | | Disputed | |
| | Debtor 1 only | | • | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is far a community dabt | | you did not report as priority claims | |
| | Check if this claim is for a community debit | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | ls the claim subject to offset? | | Other. Specify | |
| | 12 0 № | | | |
| | ☐ Yes | | | |
| - | FEDLOAN SERVICING | | Last 4 digits of account number 0004 | \$ <u>3160</u> |
| | Nonpriority Creditor's Name | | - | |
| | P.O. BOX 530210 | | When was the debt incurred? $7/23/10$ | |
| i | Number Street | | | |
| | ATLANTA GA | 30353-0210 | As of the date you file, the claim is: Check all that apply. | |
| ì | City State | ZIP Code | Contingent | |
| | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | ☐ Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | ☑ Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | $oxed{\square}$ Check if this claim is for a community debt | : | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| i | is the claim subject to offset? | | Other. Specify | |
| , | ZÍ No | | | |
| | ☐ Yes | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 30 of 66 DORELLA N. FOUNTAIN

| | パピアアン | 17. F | I I Alia | | |
|----------|-------|------------|----------|------|--|
| | | | | | |
| or Bloom | • | BALLANIA D | | | |

| | _ | | |
|------------|--------|------------|--|
| ase | number | (if immun) | |

Part 2:

| | r listing any entries on this page, nu | | <i>y</i> | , wy may are ov rotal. | | Total claim |
|-----|---|--|---------------------------------------|--|-------------------------------------|--|
| .19 | FEDLOAN SERVICING | | | Last 4 digits of account number | 0007 | s 1076.0 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 7/23/10 | \$_1070.0 |
| | P.O. BOX 530210 Number Street | · | | | TILOTIO | |
| | ATLANTA | GA | 30353-0210 | As of the date you file, the claim | is: Check all that apply. | |
| 7 | State ZIP Code | | Contingent | | | |
| , | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONDRIGHTY | and alaba. | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecui | red claim; | |
| | At least one of the debtors and another | | | Student loans Obligations arising out of a sense | | |
| ı | Check if this claim is for a commun | ibe elebe | | Obligations arising out of a sepa you did not report as priority clair | ration agreement or divorce that ms | |
| | | ity Geot | | Debts to pension or profit-sharing | | |
| | s the claim subject to offset? 21 No | | | Other. Specify | | |
| | Maria No Dayes | | | | | |
| 0 | FEDLOAN SERVICING | ······································ | | Last 4 digits of account number | 0002 | s 2153.00 |
| _ | Ionpriority Creditor's Name | | · · · · · · · · · · · · · · · · · · · | | | \$ 2100.00 |
| | P.O. BOX 530210 | | | When was the debt incurred? | 9/20/07 | |
| ī | lumber Street | · · · · · · · · · · · · · · · · · · · | | - | | |
| _ | ATLANTA | GA | 30353-0210 | As of the date you file, the claim | is: Check all that apply. | |
| C | Xity | State | ZIP Code | ☐ Contingent | | |
| v | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONDBIODITY | 4 | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecun | ed claim: | |
| | At least one of the debtors and another | | | Student loans | | |
| Г | Check if this claim is for a communi | 4dala | | Obligations arising out of a sepan you did not report as priority claim | ation agreement or divorce that | |
| | | ty debt | | Debts to pension or profit-sharing | | |
| | s the claim subject to offset? | | | Other. Specify | | |
| | Ó No | | | | | |
| L | 1 Yes | | | | | |
| Ţ | FEDLOAN SERVICING | | | Last 4 digits of account number | 0010 | \$ 31154.00 |
| _ | onpriority Creditor's Name | | | Last 4 digits of account number | | |
| | 2.O. BOX 530210 | | | When was the debt incurred? | 9/14/12 | |
| _ | umber Street | | | <u>-</u> | | |
| A | | GA | 30353-0210 | As of the date you file, the claim i | is: Check all that apply. | |
| Ci | ity | itate | ZIP Code | Contingent | | |
| | fho incurred the debt? Check one, | | | Unliquidated | | |
| | | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Town of Management | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| | At least one of the debtors and another | | | Student loans | | and the state of t |
| | Check if this claim is for a communit | y debt | | Obligations arising out of a separa you did not report as priority claim | s | 1 |
| is | the claim subject to offset? | | | Debts to pension or profit-sharing Other. Specify | pians, and other similar debts | a de la companya de l |
| Z | No | | | Cilier. Opedity | | opposition of the state of the |
| _ | l Yes | | | | | direction of the second |

Case 19-26195 Doc 1 Filed 12/06/19 Page 31 of 66 DORELLA N. FOUNTAIN

Case number (if known)

Part 2:

| listing any entries on this page, number them beginning with | | Total clai | |
|--|---|----------------|--|
| FEDLOAN SERVICING | Last 4 digits of account number 0015 | s 9393 | |
| Nonpriority Creditor's Name | 10/00/16 | \$ <u>0000</u> | |
| P.O. BOX 530210 | When was the debt incurred? $12/28/16$ | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | |
| ATLANTA GA 30353-0210 City State ZIP Code | | | |
| City State ZaP Code | Contingent Unliquidated | | |
| Who incurred the debt? Check one. | Disputed | | |
| Debtor 1 only | | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | ☑ Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a community debt | you did not report as priority claims | | |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | | |
| 2 No | Other. Specify | | |
| ☐ Yes | | | |
| | | | |
| FEDLOAN SERVICING | Last 4 digits of account number 0013 | \$ <u>8580</u> | |
| Nonpriority Creditor's Name | When was the debt incurred? 9/11/15 | | |
| P.O. BOX 530210 | - Whiteh was the debt incurred? <u>5/31/15</u> | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | |
| ATLANTA GA 30353-0210 City State ZIP Code | Contingent | | |
| only En code | Unliquidated | | |
| Who incurred the debt? Check one. | ☐ Disputed | | |
| Debtor 1 only | | | |
| Debtor 2 onty | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a community debt | you did not report as priority claims | | |
| s the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | | |
| No | Other. Specify | | |
| ☑ Yes | | | |
| | | s 3481 | |
| FEDLOAN SERVICING | Last 4 digits of account number 0008 | \$_0101 | |
| Nonpriority Creditor's Name | - | | |
| P.O. BOX 530210 | When was the debt incurred? $9/17/10$ | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | |
| ATLANTA GA 30353-0210 City State ZIP Code | | | |
| City State ZIP Code | ☐ Contingent☐ Unliquidated | | |
| Who incurred the debt? Check one. | ☐ Disputed | | |
| Debtor 1 only | en rishnica | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | Student loans | | |
| At least one of the debtors and another | Student loans Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a community debt | you did not report as priority claims | | |
| • | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | Other. Specify | | |
| ŹÍNo | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 32 of 66 DORELLA N. FOUNTAIN Case number (if from)

| / | 21 14. I OOI1 | 117.491.4 |
|-------|---------------|-----------|
| | | |
| lonso | Middle Nome | I met bis |

Case number (if known)___

| Part | 2 |
|------|---|
| | |

| Aft | er listing any entries on this page, number them beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|--|--|
| 4.25 | FMS FINANCIAL SOLUTION | Last 4 digits of account number 5516 | 4000 00 |
| - | Nonpriority Creditor's Name | | <u>\$ 4660.00</u> |
| | 9001 EDMONSTON RD STE 20 | When was the debt incurred? $\frac{12/12/14}{}$ | |
| | Number Street | As of the date year file the claim is Cheek all that and | |
| Mary State Company | GREENBELT MD 20770 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZHP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | 2 Debtor 1 only | ☐ Disputed | |
| 1 | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| 3 | Debtor 1 and Debtor 2 only | □ Student loans | |
| 1 | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| 1 | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | - | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify COLLECTION | |
| | ☑ Yes | | |
| The control of the co | LI Yes | | |
| 4.26 | | 2741 | 0105.00 |
| | GM FINANCIAL | Last 4 digits of account number 2741 | \$ 8125.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 3/25/14 | |
| 9 | PO BOX 181145 Number Street | | |
| | ARLINGTON TX 76096 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify AUTOMOBILE | |
| | 2 No | Mar Other. Specify AUTOMODILL | |
| | ☐ Yes | | |
| 1 | | | |
| 4.27 | GREEN DOT BANK | Last 4 digits of account number 2037 | s 52.00 |
| | Nonpriority Creditor's Name | | |
| | PO BOX 5100 | When was the debt incurred? 9/17/18 | |
| | Number Street PASADENA CA 91117 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | 1, |
| | Marie to the state of the state | ☐ Unliquidated | 9 |
| | Who incurred the debt? Check one. | ☐ Disputed | al de la companya de |
| | Debtor 1 only | | 7 |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | 44(1-1000) |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | and the second of the second o |
| | | Obligations arising out of a separation agreement or divorce that | 1 |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | t dispagne |
| | Is the claim subject to offset? | Other. Specify CREDIT CARD | and south |
| | 2 No | y Suite. Opening | Common ru |
| | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 33 of 66 DORELLA N. FOUNTAIN

| Denice (|
|----------|
|----------|

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Case number (if known)

| Afte | er listing any entries on this page, number them beginning v | with 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|--|------------------|
| 4.28 | LC. SYSTEM, INC | Last 4 digits of account number 1084 | s 365.00 |
| | Nonpriority Creditor's Name | | \$ <u>303.00</u> |
| | PO BOX 64378 | When was the debt incurred? $5/16/19$ | |
| | Number Street SAINT PAUL MN 55164 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | _ | ☐ Disputed | |
| | Debtor 1 only | T CALOMPHONETS | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other, Specify COLLECTION | |
| | ☑ No | Other. Specify COLLECTION | |
| | Yes | | |
| 4.29 | INTERNAL REVENUE SERVICE | Last 4 digits of account number UNKNOWN | \$ 4000.00 |
| | Nonpriority Creditor's Name | Milhon was the debt income 40 | |
| | PO BOX 37910 | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | HARTFORD CT 06176 City State ZIP Code | <u> </u> | |
| | State Zir Coue | ☐ Contingent☐ Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | ☑ Debtor 1 only | Ca Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify GOVERNMENT | |
| | 2 1 No | | |
| | ☐ Yes | | |
| 4.30 | LVNV FUNDING LLC | Last 4 digits of account number UNKNOWN | s_50.00 |
| | Nonpriority Creditor's Name | | |
| | 55 BEATTIE PLACE Number Street | When was the debt incurred? 2018 | |
| | GREENVILLE SC 29601 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD | |
| | ₩ No | - Outer, opening | |
| | ☐ Yes | | |
| | - · | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 34 of 66 DORELLA N. FOUNTAIN

Debtor 1

Case number (# Imown)_

| 2 | aı | 1 | 2: |
|---|----|---|----|

| | L-G-1 and-mind as | ith 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|--|---------------|
| MERIDIAN FINANCIAL M | | Last 4 digits of account number UNKNOWN | 40.0 |
| Nonpriority Creditor's Name | *************************************** | | s <u>49.0</u> |
| 39 SOUTH 4TH STREET | | When was the debt incurred? 2013 | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| WARRENTON | VA 20186 | | |
| City | State ZIP Code | ☐ Contingent | |
| Who incurred the debt? Chec | k one. | Unliquidated Disputed | |
| Debtor 1 only | | □ Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors an | d another | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | you did not report as priority claims | |
| Is the claim subject to offset | • | Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to onset: 12 No | • | Other. Specify MEDICAL | |
| MO No O Yes | | | |
| | | | |
| NELNET LNS | | Last 4 digits of account number 8889 | s 11976.0 |
| Nonpriority Creditor's Name | | | \$ |
| PO BOX 1649 | | When was the debt incurred? $9/12/08$ | |
| Number Street | | Manage Control of the | |
| DENVER | CO 80201 | As of the date you file, the claim is: Check all that apply. | |
| City | State ZIP Code | Contingent | |
| Mho incurred the debt? Checi | | ☐ Unliquidated | |
| _ | Cone. | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | _ | |
| Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and | d another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | • | Other. Specify | |
| ZÍ No | | — Olid. Opolity | |
| Yes | | | |
| | | 9780 | \$ 5458.0 |
| NELNET LNS Ionpriority Creditor's Name | | Last 4 digits of account number 8789 | |
| PO BOX 1649 | | When was the debt incurred? 9/12/08 | |
| lumber Street DENVER | CO 80201 | As of the date you file, the claim is: Check all that apply. | |
| ity | State ZIP Code | Contingent | |
| Vho incurred the debt? Check | one | Unliquidated | |
| | · CORN. | ☐ Disputed | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | Time of MONDRIODITY and a second late | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| If Debior 1 and Debior 2 only At least one of the debiors and | l another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offset? | | Other. Specify | |
| Ó No | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 35 of 66 DORELLA N. FOUNTAIN

| ひれにし | LA N. FOU | A I WIIA |
|------|-----------|----------|
| | | |
| | | |

Case number (if Imown)___

| Dave | 9 |
|------|---|
| ган | _ |

| Aft | er listing any entries on this page, number them beginning w | rith 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|---|------------------|
| 4.34 | NELNET LNS | Last 4 digits of account number 8689 | s 2172.00 |
| | Nonpriority Creditor's Name PO BOX 1649 | When was the debt incurred? 5/16/08 | \$ 2172.00 |
| i i | Number Street | | |
| | DENVER CO 80201 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | | Unliquidated | |
| and a second | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| and the section of th | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | Mo □ Yes | | |
| 4.35 | PAMELA FEELEY | Last 4 digits of account number UNKNOWN | s 540.00 |
| | Nonpriority Creditor's Name | | \$ <u>070.00</u> |
| | 9901 MEDICAL CENTER DRIVE | When was the debt incurred? 2019 | |
| | Number Street | | |
| | ROCKVILLE MD 20850 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | | Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL. | |
| | € No. | Other. Specify WILDTOAL | |
| | ☐ Yes | | |
| 4.36 | | | |
| 4.36 | PORTFOLIO RECOVERY ASSOCIATES, LLC | Last 4 digits of account number 0476 | <u>\$ 260.00</u> |
| | Nonpriority Creditor's Name | — 10/00/16 | |
| | 120 CORPORATE BLVD | When was the debt incurred? $12/20/16$ | |
| | Number Street NORFOLK VA 23502 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | □ Contingent | |
| | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | · | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify OTHER | |
| | ☑ No | | |
| | Yes | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 36 of 66

| v | v | Г | ľ | 니 | _, | ٦ | ľ | ٧. | | Г | U | " | " | A | ı | r | u | ı |
|---|---|---|---|---|----|---|---|----|---|---|---|---|---|---|---|---|---|---|
| - | | _ | - | | - | • | | - | - | - | - | - | | | - | _ | - | • |

Case number (if Imoun)

| 0 4 | 7 | 2 |
|-----|---|---|
| ď | | 4 |

| -Ail | ter listing any entries on this page, number them beginning w | nu 7.4, ionowed by 4.5, and so ioffi. | Total claim |
|------|--|--|---|
| 4.37 | PORTFOLIO RECOVERY ASSOCIATES, LLC | Last 4 digits of account number 1319 | 1001.00 |
| | Nonpriority Creditor's Name | | <u>\$ 1021.00</u> |
| | 120 CORPORATE BLVD | When was the debt incurred? $2/22/17$ | |
| | Number Street | | |
| | NORFOLK VA 23502 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Miles Insured the delate Object | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Student loans | |
| | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other, Specify OTHER | |
| | ₽Í No | Cator. openy | |
| | ☐ Yes | | |
| 4.00 | | | *** |
| 4.38 | RA ROGERS IN COLL | Last 4 digits of account number UNKNOWN | \$ 2922.00 |
| | Nonpriority Creditor's Name | | |
| | 2135 ESPEY COURT | When was the debt incurred? 2017 | |
| | Number Street | As of the date was file the above to the little to | |
| | CROFTON MD 21114 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | | ☐ Disputed | |
| | Debtor 1 only | * **** | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify ORCHARD MILLS APTS | |
| | No | Other. Specify OnonAnd Will AP 15 | |
| | Yes | | |
| , | U res | | |
| 4.39 | RECEIVABLES MANAGMENT | Last 4 digits of account number UNKNOWN | <u>\$ 318.00</u> |
| | Nonpriority Creditor's Name | | |
| | 1807 HUGUENOT ROAD | When was the debt incurred? 2017 | |
| | Number Street | An of the data are fit the data to be a | |
| | MIDLOTHIAN VA 23113 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | | ☐ Disputed | |
| | Debtor 1 only | _ | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | - Department of the second of |
| | Debtor 1 and Debtor 2 only | Student loans | j. G |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | Co. above, |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | n in the second |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify CAR INSURANCE | and Characters |
| | | Other. Specify CAR INSURANCE | 3 |
| | ☑ No | | |

Debtor 1

Case 19-26195 Doc 1 Filed 12/06/19 Page 37 of 66 DORELLA N. FOUNTAIN Case number (if fromm)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Aftı | er listing any entries on this page, number them beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|---|-------------|
| 4.40 | SHADY GROVE ADVENTIST HOSPITAL | Last 4 digits of account number UNKNOWN | s 1036.00 |
| | Nonpriority Creditor's Name | | \$ 1030.00 |
| | 9901 MEDICAL CENTER DRIVE | When was the debt incurred? 2019 | |
| 7 | Number Street | An of the date year file the plainties (the left of the second | |
| | ROCKVILLE MD 20850 | As of the date you file, the claim is: Check all that apply. | |
| - | City State ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | | ☐ Disputed | |
| | Debtor 1 only | T (MOMPHODIS) | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| 200 CONTRACTOR AND | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other, Specify MEDICAL | |
| | ₩ No | | |
| | ☐ Yes | | |
| 4.41 | TRANSWORLD SYSTEM INC/ | Last 4 digits of account number 1153 | s 1001.00 |
| | Nonpriority Creditor's Name | *** | Ψ |
| | 500 VIRGINIA DR | When was the debt incurred? $2/12/18$ | |
| | Number Street | - | |
| | FORT WASHINGTON PA 19034 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | □ Contingent | |
| | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify COLLECTION | |
| | 2 1 No | | |
| | Yes | | |
| 4.42 | | 1411 | s 1374.00 |
| | UNITED CONSUMERS | Last 4 digits of account number 1411 | |
| | Nonpriority Creditor's Name | When was the debt incurred? $\frac{10/31/18}{}$ | |
| | 14205 TELEGRAPH RD | | |
| | Number Street WOODBRIDGE VA 22192 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | _ D. | |
| | City State Zir Otte | Contingent Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | ☑ Debtor 1 only | Ca Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Student loans | |
| | — · · · · · · · · · · · · · · · · · · · | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify COLLECTION | |
| | ZÍ No | ¥ | |
| | | | |

Debtor 1

Case 19-26195 Doc 1 Filed 12/06/19 Page 38 of 66

| | | | 4 1 7 241 4 | |
|------|----------|---------|-------------|--|
| | | | | |
| WIG. | Mirielle | a Alama | | |

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| | , | ith 4.4, followed by 4.5, and so forth. | Total c |
|---|------------------|--|------------|
| WAYPOINT RESOURCE GROU | | Last 4 digits of account number 1244 | s 448 |
| Nonpriority Creditor's Name 301 SUNDANCE PKWY | | When was the debt incurred? 7/11/19 | V |
| Number Street | | | |
| ROUND ROCK | TX 78681 | As of the date you file, the claim is: Check all that apply | <i>t</i> . |
| City | State ZIP Code | Contingent | |
| Who incurred the debt? Che | rk one | Unliquidated | |
| Debtor 1 only | or one. | ☐ Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | |
| At least one of the debtors a | nd another | Student loans | |
| ☐ Check if this claim is for | a community dobt | Obligations arising out of a separation agreement or diversity you did not report as priority claims | orce that |
| | • | Debts to pension or profit-sharing plans, and other similar | ar debts |
| Is the claim subject to offset | !? | Other. Specify COLLECTION | |
| Ø No □ Yes | | | |
| | | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | | When was the debt incurred? | * |
| Number Street | | As of the date you file, the claim is: Check all that apply | |
| Zity | State ZIP Code | | |
| • | ZIF WUIG | ☐ Contingent☐ Unliquidated | |
| Who incurred the debt? Che | ck one. | Disputed | |
| Debtor 1 only | | — | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors a | nd another | Obligations arising out of a separation agreement or divo | rce that |
| Check if this claim is for | a community debt | you did not report as priority claims | |
| s the claim subject to offset | <u>-</u> | Debts to pension or profit-sharing plans, and other similar | r debts |
| D No | | Other. Specify | |
| ⊒ Yes | | | |
| | | Last 4 digits of account number | \$ |
| lonpriority Creditor's Name | | When was the debt incurred? | |
| lumber Street | | As of the date you file, the claim is: Check all that apply. | |
| ity | State ZIP Code | Contingent | |
| Vho incurred the debt? Chec | k one | Unliquidated | |
| _ | a Gre. | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | Type of MONDDIODITY | |
| Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors an | d another | Student loans | |
| Check if this claim is for a | | Obligations arising out of a separation agreement or divor you did not report as priority claims | |
| | • | Debts to pension or profit-sharing plans, and other similar | debts |
| s the claim subject to offset? | • | Other. Specify | |
| ⊒ No | | | |

Debtor 1

Case 19-26195 Doc 1 Filed 12/06/19 Page 39 of 66 DORELLA N. FOUNTAIN Case number (# forough)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|------------|--|--|--------------|--|
| Name | | , | | |
| | | · · · · · · · · · · · · · · · · · · · | | Line of (Check one): U Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check and) Deet 4: Condition with Driving Linear way Claims |
| Number | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | Last 4 digita of decodific number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | | | Last 4 digits of account number |
| City | erroppes analogues and and an experience of the second second second second second second second second second | State | ZIP Code | |
| Vame | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| ony | enti, chi interestati por escentro procede comente en escentro consequence en escentro en escentro en escentro | NEW THE PROPERTY OF THE PROPER | ZIF COOL | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| 0 2 | | State | ZBP Code | Last 4 digits of account number |
| City | | State | ZIF COGE | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | on which entry in Fare For Fare 2 and you list the original creditor: |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Oranio |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | On which entry in rait 1 or rait 2 did you list the original Greditor? |
| Ali emb | Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Oranno |
| City | | State | ZIP Code | Last 4 digits of account number |
| V, | | | | |

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- 0.00
- 6b. 0.00
- 6c. 0.00
- 6d. 0.00
- 0.00

Total claim

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

191709.00

6f.

- 0.00 6g.
- 6h. 0.00
- 45236.34
- 6j. 236945.34

| Fi | II in this in | nformation to | identify your c | case: | | | |
|--------------------|--|---|---|--|--|--|--|
| | | | N. FOUNTA | | | | |
| | btor | First Name | | de Name | Last Name | | |
| | ebtor 2 ouse If filing) | First Name | | die Name | Last Name | | |
| Un | ited States | Bankruptcy Cou | it for the: DIS | TRICT OF | MARYLAND |) | |
| | se number known) | | | | | | Check if this is an amended filing |
| | | | | | | | - |
| <u>Of</u> | ficial I | Form 10 | 6G | | | | |
| Sc | hed | ule G: i | Executo | ory Con | tracts and | Unexpired Leases | 12/15 |
| info addi 1. | Do you h No. C Yes. List sepa example, unexpired | If more space ges, write you have any exec check this box Fill in all of the mately each p , rent, vehicle d leases. | is needed, cop ir name and ca cutory contract and file this form information bel erson or comp lease, cell pho | by the addition se number (if it is or unexpired in with the court low even if the court is any with whom one). See the in | al page, fill it out, nu known). I leases? with your other sched contracts or leases are n you have the contr istructions for this form | gether, both are equally responsible for sumber the entries, and attach it to this page. Itules. You have nothing else to report on this fellisted on Schedule A/B: Property (Official For act or lease. Then state what each contract in the instruction booklet for more examples of the state what the contract or lease in | orm. m 106A/B). cor lease is for (for of executory contracts and |
| 2.1 | rerson d | or company w | ith whom you ! | nave the contr | act of lease | State what the contract or lease is | for |
| | Name | | | | | - | |
| | | | | | | | |
|)) | Number | Street | | | | | |
| | City | | State | ZIP Code | | • | |
| 2.2 | COMMUNICIPATION OF THE PROPERTY OF THE PROPERT | - | CO/TENNING SCHOOL PARTY BY COME AND SERVICE AND | NOT A STATE OF STATE OF STATE ASSOCIATED TO STATE OF STAT | entre et de reter de retermination de la reter | 2014年,1927年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,1930年,19 | Makement Principal de Carlotteren en e |
| | Name | | | | | | |
| | | | | | | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | | • | |
| 2.3 | A CONTROL OF THE PARTY OF THE P | CONTRACTOR COMMUNICATION AND AND AND AND AND AND AND AND AND AN | CONTRACTOR | COLUMN TO THE STATE OF THE STAT | | т при повод и с овремя выминирация на почения н | et til bligte til fra til med det er et til har- et som til et er en state med kan har et et et state til be p I et er en |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | Hombo | OBCC | | | | | |
| | City | | State | ZIP Code | | • | |
| 2.4 | et i regento aprire distributoreno d | enteres (1904-1980), est establishe et el establishe est el e | | energen verschen der den der | ki ita 2014 bila 1000 ki ita 1000 ki i Ki ita 1000 ki | - CROST 2004-04-15 OPEN SERVING STORM SERVING CONTROL OF SERVING SERVI | dite Para ada Para Para Para Para Para Para |
| | Norma | | | | | | |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 42 of 66

| Fill in this | information to id | entify your case: | |
|-------------------|-----------------------|--------------------|-------------|
| Debtor 1 | DORELLA N | I. FOUNTAIN | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filin | g) First Name | Middle Name | Last Name |
| United States | s Bankruptcy Court fo | or the: DISTRICT O | F MARYLAND |
| Case numbe | r | | |
| | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| o you have any codebtors? (| lf you are filing a joint case, d | lo not list either spouse a | s a codebtor.) |
|---|---|-----------------------------|--|
| ⊒ No | | | |
| 1 Yes | | | |
| fithin the last 8 years, have ye | ou lived in a community pro | operty state or territory | ? (Community property states and territories include |
| rizona, California, Idaho, Louisi | ana, Nevada, New Mexico, F | Puerto Rico, Texas, Wash | nington, and Wisconsin.) |
| No. Go to line 3. | | | |
| Yes. Did your spouse, forme | r spouse, or legal equivalent | live with you at the time? | ? |
| □ No | | | |
| Yes. In which community | state or territory did you live | ? | . Fill in the name and current address of that person. |
| | | | |
| Name of your spouse, former sp | nouse, or legal equivalent | | |
| Number Street | | | |
| | | | |
| City | State | ZIP Code | • |
| chedule D (Official Form 106) chedule E/F, or Schedule G to | D), Schedule E/F (Official F | • | r. Make sure you have listed the creditor on see G (Official Form 106G). Use Schedule D, |
| chedule D (Official Form 106) | D), Schedule E/F (Official F | • | • |
| chedule D (Official Form 106) chedule E/F, or Schedule G to | D), Schedule E/F (Official F | • | ule G (Official Form 106G). Use Schedule D, |
| chedule D (Official Form 106) chedule E/F, or Schedule G to | D), Schedule E/F (Official F | • | Column 2: The creditor to whom you owe the Check all schedules that apply: |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name | D), Schedule E/F (Official Foofill out Column 2. | • | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L | D), Schedule E/F (Official Foofill out Column 2. | • | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name | D), Schedule E/F (Official Foofill out Column 2. | orm 106E/F), or Schedu | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street | D), Schedule E/F (Official Foofill out Column 2. | • | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL | D), Schedule E/F (Official Foofill out Column 2. _ANE MD | 20745 | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL | D), Schedule E/F (Official Foofill out Column 2. _ANE MD | 20745 | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City | D), Schedule E/F (Official Foofill out Column 2. _ANE MD | 20745 | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule D, line Schedule E/F, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City | D), Schedule E/F (Official Foofill out Column 2. _ANE MD | 20745 | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City | D), Schedule E/F (Official Foofill out Column 2. _ANE MD | 20745 | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule D, line Schedule E/F, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City Name | D), Schedule E/F (Official Foo fill out Column 2. ANE MD State | 20745 ZIP Code | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule D, line Schedule E/F, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City Name | D), Schedule E/F (Official Foo fill out Column 2. ANE MD State | 20745 ZIP Code | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule D, line Schedule E/F, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City Name Number Street | D), Schedule E/F (Official Foo fill out Column 2. ANE MD State | 20745 ZIP Code | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule E/F, line Schedule E/F, line |
| chedule D (Official Form 106) chedule E/F, or Schedule G to Column 1: Your codebtor JANAE FOUNTAIN Name 4636 WINTERBERRY L Number Street OXON HILL City Name Number Street | D), Schedule E/F (Official Foo fill out Column 2. ANE MD State | 20745 ZIP Code | Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line 4.6 Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line Schedule G, line |

page 1

| Fill in this information to identify | your case: | | | | | |
|---|--|-----------------------------|------|---------------|---------------------|--|
| Debtor 1 DORELLA N. FO | | | | _ | | |
| First Name Debtor 2 | Middle Name | i.ast Name | | | | |
| (Spouse, if filing) First Name United States Bankruptcy Court for the: | Middle Name DISTRICT OF M | Last Name | | | | |
| | | | | Ch | aale if th | in in: |
| Case number (If known) | | | | | eck if th An ame | is is. ended filing |
| | | | | | A suppl | lement showing postpetition chapter 13 |
| Official Form 1061 | | | | | income | as of the following date: |
| Official Form 106I | | | | | MM / DE | D/ YYYY |
| Schedule I: You | ir income | | | | | 12/15 |
| | se is not filing with you, top of any additional pa | do not include inf | orma | tion about yo | our spou | ou, include information about your spouse. se. If more space is needed, attach a nown). Answer every question. |
| information. | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | € Employed Not employ | ed | | | Employed Not employed |
| Include part-time, seasonal, or self-employed work. | | | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | | | | | |
| | Employer's name | COMMUNIT | YOF | HOPE | | |
| | Employer's address | 4 ATLANTIC Number Street | STR | EET SOU | THWE | Number Street |
| | | | | | | |
| | | WASHINGTO | NC | DC 20 | 032 | |
| | | City | Stat | e ZIP Code | | City State ZIP Code |
| | How long employed the | re? | | | | |
| Part 2: Give Details About | Monthly Income | | | | | |
| Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a | ave more than one employe | er, combine the info | | | | te \$0 in the space. Include your non-filing r that person on the lines |
| : | | | | For Debi | tor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sal deductions). If not paid monthly, | | | 2. | \$(| 0.00 | \$ |
| 3. Estimate and list monthly over | time pay. | | 3. | +\$(| 0.00 | + \$ |
| 4. Calculate gross income. Add li | ne 2 + line 3. | | 4. | \$(| 0.00 | \$ |

Official Form 1061 Schedule I: Your Income page 1

| Debtor 1 DURELLA N. FOUNTAIN First Name Middle Name Last Name | | Ca | ise number (ir know | n) | ··· | | |
|---|-----------------------|-----------|---------------------------|--------------------|--|------|---------------------|
| | | For | Debtor 1 | For Debtor 2 | | | |
| Copy line 4 here | → 4. | \$_ | 0.00 | \$ | | | |
| 5. Indicate whether you have the payroli deductions below: | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | s | 0.00 | s | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | s | 0.00 | \$ | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | | |
| 5e. Insurance | 5e. | \$ | 0.00 | \$ | | | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | | | |
| 5g. Union dues | 5g. | \$ | 0.00 | \$ | | | |
| 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | + \$ | | | |
| 6. Add the payroli deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5l | h. 6. | \$ | 0.00 | \$ | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | | |
| 8. List all other income regularly received: | | | | | | | |
| Net income from rental property and from operating a business, profession, or farm | 8a. | \$ | 1500.00 | \$ | ··· | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| 8b. Interest and dividends | | \$ | 0.00 | \$ | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent | ent | \$ | 0.00 | \$ | | | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | - | | | |
| 8d. Unemployment compensation | | • | 0.00 | e | | | |
| 8e. Social Security | | * | 0.00 | 3 | | | |
| 8f. Other government assistance that you regularly receive | | ₽ | 0.00 | \$ | | | |
| include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. | | | | | | | |
| Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): | | | | | | | |
| | | \$ | 0.00 | \$ | | | |
| 8g. Pension or retirement income | | _ | 0.00 | | | | |
| 8h. Other monthly income. | | \$ | 0.00 | \$ | | | |
| Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): | | | | | | | |
| , | | • | 0.00 | • | | | |
| | | \$ | 0.00 | \$ | | | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | | \$ | 1500.00 | \$ | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | \$ | 1500.00 | \$ | = 00.0 | \$ | 1500.00 |
| 1. State all other regular contributions to the expenses that you list in Sched Include contributions from an unmanied partner, members of your household, your dependents, your room relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to p | nmates a | and other | friends or in Schedule J. | | —————————————————————————————————————— | 1 | |
| Specify: | | | | | 11. 🛨 | \$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | result i Statistic | s the co | ombined month | ly income. lies | 12. | Γ | 1500.00 |
| 12. Do you expect an increase or decrease within the year after you file this fo | | | , | - | | Comi | bined hly income |

2 Yes. Explain: I PLAN SECURE A JOB WITH MORE INCOME.

Case 19-26195 Doc 1 Filed 12/06/19 Page 45 of 66

| Fill in this information to ide | entify your case: | | | | | |
|---|---|--|-------------------------------|--|----------------|--|
| Debtor 1 DORELLA N | . FOUNTAIN | | | | | |
| First Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for Case number (If known) | Middle Name Middle Name rithe: DISTRICT O | Last Name Last Name PF MARYLAND | ☐ An amen☐ A supple | Check if this is: An amended filing A supplement showing postpetition income as of the following date: | | |
| Attachment o | on Addition | al Employme | | | 12/15 | |
| Fill in information about additional sole proprieto business | your Name of secon | nd business, if any treet | | | 1215 | |
| | | propriate box to describe your bu | siness: | ZIP Code | | |
| | Single As | are Business (as defined in 11 U.s. seet Real Estate (as defined in 11 ker (as defined in 11 U.S.C. § 101 ity Broker (as defined in 11 U.S.C. he above | U.S.C. § 101(51B)) I(53A)) | | | |
| Fill in information about your additional employments | | Debtor 1 | D | ebtor 2 or non-filin | g spouse | |
| anpoyments | 2. Occupation | LYFT | | | | |
| | Employer's name | SELF-EMPLOYED | | | | |
| | Employer's address | Number Street | N | umber Street | | |
| | | | | | | |
| | How long employed | • | ZIP Code Ci | ity | State ZIP Code | |
| | 3. Occupation | PERSONAL SHOPPE | R | | | |
| | Employer's name | INSTACART | | | | |
| | Employer's address | Number Street | | umber Street | | |
| | | City State 2 | ZIP Code Ci | ty | State ZIP Code | |
| | How long employed | there? | | | | |

| Fill in this information to identif | y your case: | | | |
|---|---|--------------------------------|--|---------------------|
| DORELLA N. FO | DUNTAIN | | | |
| Debtor 1 First Name | Middle Name Last Name | Check if thi | s is: | |
| Debtor 2 (Spouse, if filling) First Name | Middle Name Last Name | An ame | • | |
| United States Bankruptcy Court for the | DISTRICT OF MARYL | | ement showing post as as of the following | |
| Case number (If known) | respectively and the second second | MM / DD | / YYYY | |
| Official Form 106J | | | | |
| Schedule J: Yo | ur Expenses | | | 12/15 |
| | | | | |
| | | | | |
| 1. Is this a joint case? 1. Is this a joint case? 1. Is this a joint case? | | | | |
| Yes. Does Debtor 2 live in a | separate household? | | | |
| □ No | | | | |
| Yes. Debtor 2 must f | file Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | ™ No | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age - | with you? |
| Do not state the dependents' names. | | | | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | □ No |
| | | | - | ☐ Yes |
| | | | • | ☐ No ☐ Yes |
| | | | | ☐ Yes |
| | | | | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | □ No □ Yes | | | |
| Part 2: Estimate Your Ongo | oing Mouthly Expenses | | | |
| | r bankruptcy filing date unless you a unkruptcy is filed. If this is a supplem | • | • | • |
| | on-cash government assistance if you | know the value of | | |
| such assistance and have include | ed it on Schedule I: Your Income (Offi | cial Form 106L) | Your expe | nses |
| The rental or home ownership any rent for the ground or lot. | expenses for your residence. Include | first mortgage payments and | 4. \$ | 1370.00 |
| If not included in line 4: | | | | 2.22 |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or | | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, | | | 4c. \$ | 0.00 0.00 |
| 4d. Homeowner's association of | a carionireen dues | | 4d. \$ | 0.00 |

Case 19-26195 Doc 1 Filed 12/06/19 Page 47 of 66

Debtor 1

| D | ORI | ELLA | N. | FO | UNTAIN | |
|---|--------|------|----|------|--------|--|
| _ | Manage | | | . 44 | | |

Case number (# Innown)____

| | | | Your ex | penses |
|-----|---|---------------|----------|----------|
| _ | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | | 5. | | |
| 6. | Utilities: | _ | | 100.00 |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 20.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| | 6d. Other. Specify: | 6d. | \$ | |
| 7. | Food and housekeeping supplies | 7. | \$ | |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 40.00 |
| 10. | Personal care products and services | 10. | \$ | 80.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 160.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 40.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ \$ | 0.00 |
| | 15c. Vehicle insurance | 150. 15c. | \$ \$ | |
| | 15d. Other insurance. Specify: | 15d. | * | 0.00 |
| | Tal. Otter insurance. Specify | 154. | ₹ | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17 | Installment or lease payments: | | | |
| 17. | 17a. Car payments for Vehicle 1 | 17a. | s | |
| | 17b. Car payments for Vehicle 2 | 17b. | | |
| | | | \$ | <u> </u> |
| | 17c. Other. Specify: | 17c. | | |
| | 17d. Other. Specify: | 17 d . | \$ | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: PARENTS. | 19. | \$ | 100.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incon | 1e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 48 of 66

| Debtor 1 | DORELLA N. FOUNTAIN First Name Middle Name Last Name | Case number (# Immum) | |
|--------------------|---|-----------------------|--------------------|
| 21. Other . | Specify: | 21. | +\$0.00 |
| 22. Calcul | ate your monthly expenses. | | |
| 22a. A | dd lines 4 through 21. | 22a . | \$2200.00 |
| 22b. C | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | J-2 22b. | \$ |
| 22c. A | dd line 22a and 22b. The result is your monthly expenses. | 22c. | \$ 2200.00 |
| | | | |
| 23. Calcula | te your monthly net income. | | s 1500.00 |
| 23a. C | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | Ψ |
| 23b. C | copy your monthly expenses from line 22c above. | 23b. | -\$ 2200.00 |
| | subtract your monthly expenses from your monthly income. | | s -700.00 |
| 1 | he result is your monthly net income. | 23c . | |
| For exa | expect an increase or decrease in your expenses within the year after ample, do you expect to finish paying for your car loan within the year or do ge payment to increase or decrease because of a modification to the terms | you expect your | |
| No. | | | |
| ∡ Yes | Explain here: RENTAL INCREASE AND MONTHLY CAR | COST. | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 49 of 66

| Abia in | formation to identify your case: | | | |
|------------------------|---|--|--|--|
| | formation to identify your case: | | | |
| r1 _ | DORELLA N. FOUNTAIN First Name Middle Name | Last Name | | |
| r2 | | | | |
| e, if filling) | First Name Middle Name | Last Name | | |
| States E | Bankruptcy Court for the: DISTRIC | I OF MARYLAN | וט | |
| number | | | | |
| WN) | | | | ☐ Check if thi |
| fficial | l Form 106Dec | | | amended fi |
| | | n Individua | i Debtor's Scheo | dules 12 |
| must I | | krimbry echodistoe or om | ended schedules. Making a false stat | tement, concealing property. |
| | money or property by fraud in connoteth. 18 U.S.C. §§ 152, 1341, 1519, ar | ection with a bankruptcy | ended schedules. Making a false stat case can result in fines up to \$250,0 | tement, concealing property, (00, or imprisonment for up to |
| rs, or b | money or property by fraud in conn | ection with a bankruptcy nd 3571. | case can result in fines up to \$250,0 | tement, concealing property, o |
| rs, or b | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, an Sign Below u pay or agree to pay someone who | ection with a bankruptcy nd 3571. | case can result in fines up to \$250,0 | tement, concealing property, c |
| Did you | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, an Sign Below u pay or agree to pay someone who | ection with a bankruptcy nd 3571. | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Prepare | 00, or imprisonment for up to |
| Did you | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, an Sign Below u pay or agree to pay someone who | ection with a bankruptcy nd 3571. | case can result in fines up to \$250,0 | 00, or imprisonment for up to |
| Did you No Yes | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, and Sign Below u pay or agree to pay someone who | ection with a bankruptcy nd 3571. | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Prepare | 00, or imprisonment for up to er's Notice, Declaration, and |
| Did you No Yes | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, and Sign Below u pay or agree to pay someone who s. Name of person | ection with a bankruptcy nd 3571. | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Prepare Signature (Official Form 119). | 00, or imprisonment for up to er's Notice, Declaration, and |
| Did you Did you No Yes | money or property by fraud in connoth. 18 U.S.C. §§ 152, 1341, 1519, and Sign Below u pay or agree to pay someone who s. Name of person | ection with a bankruptcy nd 3571. Is NOT an attorney to be ave read the summary ar | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Prepare Signature (Official Form 119). Indischedules filed with this declaration | 00, or imprisonment for up to er's Notice, Declaration, and |
| Did you Did you No Yes | sign Below Sign Below u pay or agree to pay someone who s. Name of person penalty of perjury, I declare that I have are true and correct. | ection with a bankruptcy nd 3571. Is NOT an attorney to he are read the summary are | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Prepare Signature (Official Form 119). Indischedules filed with this declaration | 00, or imprisonment for up to er's Notice, Declaration, and |

| | | • | |
|---|-------------------------|--|--|
| Fill in this information to identify your case: | <u> </u> | | |
| Debtor 1 DORELLA N. FOUNTAIN First Name Middle Name | Last Name | Fire Sign Store | River of the second sec |
| Debtor 2 | | 2019 DEC -6 AM | l IO, EC |
| (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: DISTRICT OF | Last Name F MARVI AN | עם | |
| | | U.S. BANKRUPTO DISTRICT OF MAI GREENBEL | YCOURT |
| Case number(ff known) | | GREENSEL | Check if this is ar amended filing |
| | | The second secon | amended liling |
| | | | |
| Official Form 107 | | | |
| Statement of Financial Affairs | tor Indiv | iduals Filing for Bankruptc | y 04/1 |
| e as complete and accurate as possible. If two married | | | |
| formation. If more space is needed, attach a separate umber (if known). Answer every guestion. | sheet to this for | m. On the top of any additional pages, write your i | name and case |
| umber (if known). Answer every question. | | | |
| Part 1: Give Details About Your Marital Statu | s and Whore V | au Lived Before | |
| dive betails about Your maintai statu. | Sand Where I | Ju Lived Belole | |
| What is your current marital status? | | | |
| ☐ Married | | | |
| ✓ Not married | | | |
| | | | |
| 2. During the last 3 years, have you lived anywhere of | her than where y | ou live now? | |
| □ No | | | |
| Yes. List all of the places you lived in the last 3 year | rs. Do not include | where you live now. | |
| Debtor 1: | Dates Debtor 1 | Debtor 2: | Dates Debtor 2 |
| | lived there | | lived there |
| | | ☐ Same as Debtor 1 | ☐ Same as Debtor |
| 248 58TH ST NE | From 2018 | | From |
| Number Street | то 2018 | Number Street | То |
| | | | |
| WASHINGTON DC 20019 City State ZIP Code | | City State ZIP Code | |
| Only State 21 Code | | | D |
| | | Same as Debtor 1 | Same as Debtor |
| 4636 WINTERBERRY LANE Number Street | From <u>2016</u> | Number Street | From |
| | то 2018 | Notice Control | То |
| 00745 | | - | |
| OXON HILL MD 20745 City State ZIP Code | | City State ZIP Code | |
| Jan 211 3000 | | ony one in our | |
| 3. Within the last 8 years, did you ever live with a spoo | | | |
| states and territories include Arizona, California, Idaho, | , Louisiana, Nevad | ta, New Mexico, Puerto Rico, Texas, Washington, and | d Wisconsin.) |
| Yes. Make sure you fill out Schedule H: Your Code | htors (Official For | n 106H) | |
| = 1.55. Inano outo you in out contouro 11. 1 the outo | and formation | | • |
| <u> </u> | | | |
| Part 2: Explain the Sources of Your Income | | | |

| otor 1 | DORELLA N. FOUNTAIN First Name Middle Name Last N | ane | Case nur | Tiber (# known) | |
|-------------|---|---|--|--|--|
| | | | | | |
| Fill i | you have any income from employment in the total amount of income you received ou are filing a joint case and you have inco | from all jobs and all busin | nesses, including part-tin | ne activities. | ndar years? |
| | No Yes, Fill in the details. | | | | |
| | | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$36250 | Wages, commissions, bonuses, tips Operating a business | \$ |
| | For last calendar year: (January 1 to December 31, 2018 | Wages, commissions, bonuses, tips Operating a business | \$36717 | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | \$ |
| | For the calendar year before that: (January 1 to December 31, 2017 | Wages, commissions, bonuses, tips Operating a business | \$ <u>17233</u> | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| gar List | employment, and other public benefit paym nbling and lottery winnings. If you are filing t each source and the gross income from e No Yes. Fill in the details. | a joint case and you have | e income that you receiv | ed together, list it only once | e under Debtor 1. |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | |
| | For last calendar year: (January 1 to December 31, 2018) | | \$ | | - \$ |
| | For the calendar year before that: (January 1 to December 31, 2017) | | \$ | | _ \$ |
| | | | <u> </u> | | - |

Debtor 1 DORELLA N. FOUNTAIN
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

| 10. | Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person | r consumer de nal, family, or h | bts. Consumer debts are nousehold purpose." | defined in 11 U.S.C. § 101 | (8) as |
|-----|--|---|---|----------------------------|--|
| | During the 90 days before you filed for bankru | | | 6,825* or more? | |
| | ☐ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n | o not include p | ayments for domestic sup- | port obligations, such as | |
| | * Subject to adjustment on 4/01/22 and every | | - | | |
| es. | Debtor 1 or Debtor 2 or both have primarity | consumer de | hte | | |
| | During the 90 days before you filed for bankru | | | 600 or more? | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payment | domestic supp | ort obligations, such as ch | ild support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for. |
| | CREDIT ACCEPTANCE CORP | 11/20/19 | \$600 | \$15000 | ☐ Mortgage |
| | PO BOX 513 | | | | ☑ Car |
| | Number Street | *************************************** | | | Credit card |
| | | | | | Loan repayment |
| | | | | | • • |
| | SOUTHFIELD MI 48037 | | | | · · · · · · |
| | SOUTHFIELD MI 48037 City State ZIP Code | | | | · · |
| | | | | | Suppliers or vendor |
| | | | \$ | \$ | □ Suppliers or vendor □ Other |
| | City State ZIP Code | | \$ | \$ | Suppliers or vendor Other |
| | City State ZIP Code | | \$ | \$ | Suppliers or vendor Other Mortgage Car Credit card |
| | City State ZIP Code Creditor's Name | | \$ | \$ | □ Suppliers or vendor □ Other |
| | City State ZIP Code Creditor's Name | | \$ | \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendors |
| | City State ZIP Code Creditor's Name | | \$ | \$ | □ Suppliers or vendor □ Other □ Mortgage □ Car □ Credit card □ Loan repayment |
| | City State ZIP Code Creditor's Name Number Street | | * | \$ \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor |
| | City State ZIP Code Creditor's Name Number Street | | \$\$ | \$ \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage |
| | City State ZIP Code Creditor's Name Number Street City State ZIP Code Creditor's Name | | * | \$ \$ | □ Suppliers or vendor □ Other |
| | City State ZIP Code Creditor's Name Number Street City State ZIP Code | | * | \$ \$ | Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card |
| | City State ZIP Code Creditor's Name Number Street City State ZIP Code Creditor's Name | | * | \$ \$ | □ Suppliers or vendors □ Other □ Mortgage □ Car □ Credit card □ Loan repayment □ Suppliers or vendors □ Other □ Mortgage □ Car |

| DORELLA First Name | Middle Name | Last Name | | - | Case number (# known) | |
|--|--|--|-------------------------------------|---|---|--|
| | · | | | | | |
| iders include your reporations of which | relatives; any gene you are an officer, or a business you | eral partners; r , director, pers | elatives of any on in control, o | general partners; promotes of 20% or | partnerships of whic more of their voting | who was an insider? In you are a general partner; securities; and any managing r domestic support obligations, |
| No Yes. List all payme | ents to an insider. | | | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | · · · · · · · · · · · · · · · · · · · | | | \$ | \$ | |
| Number Street | | | | | | |
| | | | | | | |
| City | State | ZIP Code | | | | |
| Insider's Name | | · · · · · · | · | \$ | <u> </u> | |
| | | | | | | |
| Number Street | | | | | | |
| | State | 7ID Code | | | | |
| City | State | ZIP Code | | | | |
| City hin 1 year before y | you filed for bank | kruptcy, did ye | | ayments or trans | fer any property o | n account of a debt that benefited |
| city thin 1 year before y insider? lude payments on o | you filed for bank | kruptcy, did ye | | ayments or trans | fer any property o | n account of a debt that benefited |
| City hin 1 year before y | you filed for bank | k ruptcy, did y e or cosigned by | | nayments or trans | fer any property o | n account of a debt that benefited |
| City hin 1 year before y insider? ude payments on o | you filed for bank | k ruptcy, did y e or cosigned by | | payments or trans Total amount paid | fer any property o Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| City hin 1 year before y insider? ude payments on o | you filed for bank | k ruptcy, did y e or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| City hin 1 year before y insider? tude payments on o No Yes. List all payme | you filed for bank | k ruptcy, did y e or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| City hin 1 year before y insider? ude payments on o No Yes. List all payme | you filed for bank | k ruptcy, did y e or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| City hin 1 year before y insider? lude payments on o No Yes. List all payme Insider's Name Number Street | you filed for bank | k ruptcy, did y e or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| City hin 1 year before y insider? lude payments on o No Yes. List all payme Insider's Name Number Street | you filed for bank debts guaranteed ents that benefited State | or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |

City

ZIP Code

Case number (# known)

DORELLA N. FOUNTAIN

Debtor 1

Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, patemity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Court Name On appeal ☐ Concluded Number Street Case number City ZIP Code Pending Case title Court Name On appeal ☐ Concluded Number Street Case number City 7IP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Number Street **Explain** what happened □ Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code Describe the property Value of the property Date Creditor's Name Number Street Explain what happened ☐ Property was repossessed. Property was foreclosed. Property was garnished. City State ZIP Code Property was attached, seized, or levied.

Case 19-26195 Doc 1 Filed 12/06/19 Page 55 of 66

Case number (# know

DORELLA N. FOUNTAIN

Debtor 1

| ounts or refuse to make a payment bec | ptcy, did any creditor, including a bank or finar | · · | • |
|--|--|--|-------------------|
| No | ause you owen a neur. | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action | Amount |
| | Describe the across the cleaning from | was taken | Amount |
| Creditor's Name | The state of the s | and the state of t | |
| | - | | \$ |
| Number Street | | | |
| | - | | |
| | The second secon | , gypenny, for the contribute the contribution of the contribution | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| List Certain Gifts and Contribu | rtions | | |
| | | | |
| | Annual transport of the second section and the second sections and | | |
| | tcy, did you give any gifts with a total value of | more than \$600 per person? | |
| No | tcy, did you give any gifts with a total value of | f more than \$600 per person? | |
| No | tcy, did you give any gifts with a total value of | f more than \$600 per person? | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | etcy, did you give any gifts with a total value of Describe the gifts | Dates you gave | Value |
| No Yes. Fill in the details for each gift. | | | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$606 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$606 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave the gifts | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts | \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ |

Case 19-26195 Doc 1 Filed 12/06/19 Page 56 of 66

| otor 1 | DORELLA N. FOUNTAIN | Case number (# know | n) | |
|--------------|--|--|--|---------------------------|
| | First Name Middle Name L | ast Name | | |
| | | | | |
| | | | -lf 4h \$60 | 0 to shorts 2 |
| | - | uptcy, did you give any gifts or contributions with a total v | atue of more than \$60 | u to any chanty? |
| M M | · = | | | |
| ☐ Y | es. Fill in the details for each gift or co | ontribution. | | |
| | Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| | that total more than \$600 | | contributed | |
| | | | | |
| | | | | œ |
| ā | harity's Name | | | a |
| | | | | |
| _ | | _ | | \$ |
| | | | | |
| N | umber Street | - | | |
| | | | | |
| | | | | |
| Ci | ity State ZIP Code | A SERVICE OF THE PROPERTY OF T | | |
| | | | | |
| • | | | | |
| t 6: | List Certain Losses | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss ce | Value of property lost |
| | | claims on line 33 of Schedule A/B: Property. | A CHARLOS POLITORISMO | |
| | | | 0.00 | \$ |
| and the same | | | | |
| 1 | | A CONTRACTOR OF MANY CONTRACTOR OF MANY CONTRACTOR OF MANY CONTRACTOR OF THE CONTRACTOR OF T | a sandra san | |
| | | and the second s | | |
| t 7: | List Certain Payments or Tra | MISTOR'S | | |
| Vith | in 1 year before you filed for bankr u | ptcy, did you or anyone else acting on your behalf pay or | transfer any property | to anyone |
| ou (| consulted about seeking bankrupto | y or preparing a bankruptcy petition? | | |
| nclu | de any attorneys, bankruptcy petition | preparers, or credit counseling agencies for services required | n your bankrupicy. | |
| 4 N | lo | | | |
| □ Y | es. Fill in the details. | | | |
| | | Description and value of any property transferred | Date payment or | Amount of paymen |
| | | _ | transfer was made | |
| , | Person Who Was Paid | 100 1 (100 100 100 100 100 100 100 100 1 | mace | |
| | | _ | | • |
| | Number Street | | į | Ψ |
| | | _ | | • |
| | | | | \$ |
| | City State ZIP Code | - | | |
| | | | | |
| | Email or website address | - | | |
| | | The state of the s | | |
| | | | | |

Case 19-26195 Doc 1 Filed 12/06/19 Page 57 of 66

| | Description and va | lue of any property trans | | Date payment or transfer was made | Amount of payment |
|---|--|--|--|-----------------------------------|----------------------|
| Person Who Was Paid | | and the second s | e annual anti-tambée à l'et de monte de le monte de l'est à l'annual de l'est à l'est de l'es | | |
| reison with was raid | ! | | Cold on the control of the control o | | \$ |
| Number Street | ; | | TO SEE THE PERSON OF SERVICE | | e |
| | | | | | Ψ |
| City State ZIP Co | ode | | | | |
| • | | | | | |
| Email or website address | | | The state of the s | | |
| Person Who Made the Payment, if Not You | | | | | |
| | The second secon | | | | |
| thin 1 year before you filed for bar | ikruptcy, did you or anyo | ne else acting on your | · behalf pay or trans 2 | fer any property to | o anyone wh |
| omised to help you deal with your not include any payment or transfer | | ments to your creditor | 5? | | |
| | uidi you isreu on ine 10. | | | | |
| No | | | | | |
| Yes. Fill in the details. | | | • • • • • | 5-4 | |
| | Description and va | lue of any property trans | | Date payment or transfer was | Amount of pa |
| Person Who Was Paid | PARTICULAR CONTROL OF A STATE OF | | propagation of Systems by the first state. The section is the section of the sect | made | |
| N. sushan Stonet | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | *** | \$ |
| Number Street | 1 | | i | | |
| | | | | | _ |
| | | | | | \$ |
| City State ZIPC | | | | | \$ |
| thin 2 years before you filed for ba | mkruptcy, did you sell, tr | | sfer any property to | anyone, other tha | \$ |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and trans | nkruptcy, did you sell, tr your business or financi sfers made as security (su | al affairs? ch as the granting of a s | | | |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transers that y | nkruptcy, did you sell, tr your business or financi sfers made as security (su | al affairs? ch as the granting of a s | | | |
| thin 2 years before you filed for bansferred in the ordinary course of tude both outright transfers and transfers that you ho | nkruptcy, did you sell, tr your business or financi sfers made as security (su | al affairs? ch as the granting of a s | | | |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transers that y | mkruptcy, did you sell, tr your business or financi sfers made as security (sur rou have already listed on t | al affairs? ch as the granting of a s his statement. | ecurity interest or mo | ortgage on your pro | perty). |
| thin 2 years before you filed for bansferred in the ordinary course of tude both outright transfers and transfers that you ho | nkruptcy, did you sell, tr your business or financi sfers made as security (su | al affairs? ch as the granting of a shis statement. statement D | | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of tude both outright transfers and transfers that you ho | inkruptcy, did you sell, tr your business or financi sfers made as security (sur you have already listed on t Description and va | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). |
| thin 2 years before you filed for bansferred in the ordinary course of tude both outright transfers and transor not include gifts and transfers that y No Yes. Fill in the details. | inkruptcy, did you sell, tr your business or financi sfers made as security (sur you have already listed on t Description and va | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that y No Yes. Fill in the details. Person Who Received Transfer | nkruptcy, did you sell, tr your business or financi sfers made as security (su rou have already listed on t Description and va | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that y No Yes. Filt in the details. Person Who Received Transfer | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that you not include gifts and transfers. Person Who Received Transfer Number Street | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that y No Yes. Filt in the details. Person Who Received Transfer | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that you not include gifts and transfers. Person Who Received Transfer Number Street | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers and transfers that you not include gifts and transfers that you yes. Fill in the details. Person Who Received Transfer City State ZIP Course you Person who Received Transfer | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers that y No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Course of the present is relationship to you | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |
| thin 2 years before you filed for bansferred in the ordinary course of lude both outright transfers and transfers and transfers that you not include gifts and transfers that you yes. Fill in the details. Person Who Received Transfer City State ZIP Course you Person who Received Transfer | mkruptcy, did you sell, tr your business or financi sfers made as security (sur ou have already listed on t Description and va transferred | al affairs? ch as the granting of a shis statement. statement D | ecurity interest or mo | ortgage on your pro | perty). Date tran |

Case 19-26195 Doc 1 Filed 12/06/19 Page 58 of 66

| DORELLA N. FOUNTAIN | | Case number (# kno | M977) | |
|--|--|--|--|--|
| First Name Middle Name Last | Name | | | |
| | | | | |
| | | | | |
| | | ty to a self-settled trus | t or similar device of w | hich you |
| beneficiary? (These are often called a | set-protection devices.) | | | |
| | | | | |
| s. Fill in the details. | | | | |
| | Description and value of the prope | t. transformed | | Date transfer |
| | Description and value of the proper | rty desioneried | | was made |
| | go an that depeld an art and the form to transfer for the parameter parameter and the second par | | | |
| me of trust | | | | |
| | | | | # 1 |
| | | | | |
| | 3. The control of the | gg haig aparaga an haras on grannera manana na ann an seo an seo seo se | e amuse a su amuse a procesiona de estados en estados en estados en entre entr | and |
| | | | | |
| List Certain Financial Account | r, instruments, Safe Deposit | Boxes, and Storag | e Units | |
| 1 year before you filed for hankrup | cv. were any financial accounts o | r instruments held in | your name, or for your | benefit, |
| | -y, | | , , | · |
| le checking, savings, money market, | or other financial accounts; certi | ficates of deposit; sha | ares in banks, credit un | ions, |
| rage houses, pension funds, cooper | atives, associations, and other fir | ancial institutions. | | |
| • | | | | |
| s. Fill in the details. | | | | |
| | Last 4 digits of account number | Type of account or | Date account was | Last balance before |
| | | instrument | | closing or transfer |
| | | | 0. 00.01010 | |
| lame of Financial Institution | XXXX | ☐ Checking | | s |
| | | | | Ψ |
| lumber Street | | - | | |
| | | - | | |
| | | | | |
| City State ZIP Code | | Other | | |
| | | | | |
| | XXXX | Checking | <u></u> | \$ |
| lame of Financial Institution | | ☐ Savings | | |
| lumber Street | | Money market | | |
| | | ☐ Brokerage | | |
| | | Other | | |
| | | | | |
| ity State ZIP Code | | | | |
| , | | | | • |
| ou now have, or did you have within | year before you filed for bankru | | box or other depositor | y for |
| ou now have, or did you have within 'ities, cash, or other valuables? |) year before you filed for bankru | | box or other depositor | y for |
| ou now have, or did you have within ' rities, cash, or other valuables? | l year before you filed for bankru | | box or other depositor | y for |
| ou now have, or did you have within 'ities, cash, or other valuables? | I year before you filed for bankrup Who else had access to it? | | | |
| ou now have, or did you have within ' rities, cash, or other valuables? | | otcy, any safe deposit | ne contents | |
| ou now have, or did you have within ' rities, cash, or other valuables? | | otcy, any safe deposit Describe t | ne contents | Do you st ill |
| ou now have, or did you have within ities, cash, or other valuables? oes. Fill in the details. | Who else had access to it? | otcy, any safe deposit Describe t | ne contents | Do you still have it? |
| ou now have, or did you have within ' rities, cash, or other valuables? | | otcy, any safe deposit Describe t | ne contents | Do you still have it? |
| ou now have, or did you have within rities, cash, or other valuables? oes. Fill in the details. | Who else had access to it? | otcy, any safe deposit Describe t | ne contents | Do you still have it? |
| ou now have, or did you have within ities, cash, or other valuables? oes. Fill in the details. | Who else had access to it? | otcy, any safe deposit Describe t | ne contents | Do you still have it? |
| | s. Fill in the details. List Certain Financial Accounts 1 year before you filed for bankrupt 1, sold, moved, or transferred? 1e checking, savings, money market, rage houses, pension funds, cooperates. Fill in the details. | s. Fill in the details. Description and value of the proper that the proper t | Description and value of the property transferred Descri | Description and value of the property transferred Description and value of the property transferred |

Case 19-26195 Doc 1 Filed 12/06/19 Page 59 of 66

| First Name Middle Name | Last Name | Case number (# known) | |
|--|---|--|------------------------|
| | | | |
| 2. Have you stored property in a storage u | nit or place other than your home v | within 1 year before you filed for bankruptcy | ? |
| Yes. Fill in the details. | | | |
| | Who else has or had access to it | ? Describe the contents | Do you still |
| | | ************************************** | have it? |
| Name of Storage Facility | Name | | ☐ No ☐ Yes |
| | | | □ res |
| Number Street | Number Street | | |
| | CityState ZiP Code | | |
| City State ZIP Code | - | | |
| | e e e e e e e e e e e e e e e e e e e | · · · · · · · · · · · · · · · · · · · | * . |
| art 9: Identify Property You Ho | ld or Control for Someone Els | • | |
| 3. Do you hold or control any property the | at someone else owns? Include an | y property you borrowed from, are storing fo | ır, |
| or hold in trust for someone. | | | |
| No Yes. Fill in the details. | | | |
| | Where is the property? | Describe the property | Value |
| | | | |
| Owner's Name | | | \$ |
| | | | |
| <u></u> | Number Street | | |
| Number Street | Number Street | · · · · · · · · · · · · · · · · · · · | |
| Number Street | | 79 Code | |
| Number Street City State ZIP Code | City State | ZIP Code | |
| City State ZIP Code Part 10: Give Details About Enviro | City State | ZIP Code | |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, the hazardous or toxic substances, wastest including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta | city State commental Information definitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar sperty as defined under any environ lize it, including disposal sites. The environmental law defines as a hant, contaminant, or similar term. | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic | m, |
| City State ZIP Code art 10: Give Details About Environ or the purpose of Part 10, the following of Environmental law means any federal, thazardous or toxic substances, wastes including statutes or regulations control Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta | city State commental Information definitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar sperty as defined under any environ lize it, including disposal sites. The environmental law defines as a hant, contaminant, or similar term. | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic | m, |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta Report all notices, releases, and proceeding | city State commental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar operty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardless | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic | or |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, pollutateport all notices, releases, and proceedings. | city State commental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar operty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardless | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. | or |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, the following of Environmental law means any federal, the hazardous or toxic substances, wastes including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, pollutal teport all notices, releases, and proceeding. 4. Has any governmental unit notified you | city State commental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar operty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardless | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. | or |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta Report all notices, releases, and proceeding. A. Has any governmental unit notified you | city State commental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar operty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardless | concerning pollution, contamination, releas surface water, groundwater, or other mediu nces, wastes, or material. nmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. | m, or |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta Report all notices, releases, and proceeding. A. Has any governmental unit notified you | Democrated Information Infinitions apply: state, or local statute or regulations, or material into the air, land, soit, olling the cleanup of these substant operty as defined under any environitize it, including disposal sites. In environmental law defines as a hant, contaminant, or similar term. Ings that you know about, regardless that you may be liable or potential | concerning pollution, contamination, releas, surface water, groundwater, or other mediunces, wastes, or material. Inmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. Ity liable under or in violation of an environm | m, or ental law? |
| Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta Report all notices, releases, and proceeding. A. Has any governmental unit notified you not have a substance. | Democrated Information Infinitions apply: state, or local statute or regulations, or material into the air, land, soit, olling the cleanup of these substant operty as defined under any environitize it, including disposal sites. In environmental law defines as a hant, contaminant, or similar term. Ings that you know about, regardless that you may be liable or potential | concerning pollution, contamination, releas, surface water, groundwater, or other mediunces, wastes, or material. Inmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. Ity liable under or in violation of an environm | m, or ental law? |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta teport all notices, releases, and proceeding. Has any governmental unit notified you will be a proceeding the substance. The substance is the substance of site substance. No Section 10: 10: 10: 10: 10: 10: 10: 10: 10: 10: | city State paramental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar sperty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardles I that you may be liable or potential Governmental unit | concerning pollution, contamination, releas, surface water, groundwater, or other mediunces, wastes, or material. Inmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. Ity liable under or in violation of an environm | m, or ental law? |
| City State ZIP Code Part 10: Give Details About Environmental law means any federal, hazardous or toxic substances, wastes including statutes or regulations control. Site means any location, facility, or proutilize it or used to own, operate, or util Hazardous material means anything an substance, hazardous material, polluta teport all notices, releases, and proceeding. Has any governmental unit notified you will be a proceeding the p | city State paramental Information lefinitions apply: state, or local statute or regulation s, or material into the air, land, soil, olling the cleanup of these substar sperty as defined under any environ lize it, including disposal sites. In environmental law defines as a ha ant, contaminant, or similar term. Ings that you know about, regardles I that you may be liable or potential | concerning pollution, contamination, releas, surface water, groundwater, or other mediunces, wastes, or material. Inmental law, whether you now own, operate, azardous waste, hazardous substance, toxic as of when they occurred. Ity liable under or in violation of an environm | m, or ental law? |

Case 19-26195 Doc 1 Filed 12/06/19 Page 60 of 66

| First Name | Middle Name | Last N | lame | , | Case number (# known) | |
|---|--|--|--|---|--|--|
| | Inches I commo | Case | | | | |
| | | | | | | |
| ve you notifie | ad any governm | ental unit of | any release of hazardou | s material? | | |
| No | | | | | | |
| Yes. Fill in t | he details. | | | | | |
| | | | Governmental unit | Envir | onmental law, if you know it | Date of notice |
| | | | | | o a a maranemisanje enjoj isomoonista o a constanta e e o se en en en e o serve e esta. | A AND PARTY PROPERTY AND THE STATE AND THE AND |
| | | | | | | |
| Name of site | | | Governmental unit | | | |
| Number Str | net | | Number Street | i | THE COMMENSAGE WAS ASSESSED THAT AND PROPERTY OF THE PROPERTY | and a contract of the contract |
| 77231251 00 | | | Manual Count | | | |
| | | | City State 21 | P. Code | | |
| | | | Cay State 21 | r Coue | | |
| City | State | ZIP Code | | | | |
| | | | | | | |
| ve you been a | a party in any ju | udicial or adn | ninistrative proceeding u | inder any envir | onmental law? Include se | ttlements and orders. |
| No | | | | | | |
| Yes. Fill in t | he details. | | | | | |
| | | | Court or agency | | Nature of the case | Status of the case |
| | | | | | | Case |
| Case title | | | | | | ☐ Pending |
| | | | Court Name | | | On appe |
| | | | | | | <u> </u> |
| | | | Number Street | | | Conclud |
| | | | - | | | |
| Case number | ř | | City Stat | e ZIP Code | | |
| | | | | | | |
| | | | iness er Connections | | | |
| ithin 4 years I | before you filed proprietor or self | l for bankrup f-employed i | tcy, did you own a busin | ess or have am other activity, e | of the following connect | |
| ithin 4 years I A sole p | before you filed proprietor or self | l for bankrup f-employed i | tcy, did you own a busin n a trade, profession, or | ess or have am other activity, e | of the following connect | |
| ithin 4 years I A sole p A memb | before you filed proprietor or self per of a limited li per in a partnersh | l for bankrupt f-employed i liability comp hip | tcy, did you own a busin n a trade, profession, or | ess or have am other activity, e | of the following connect | |
| ithin 4 years I A sole p A memb A partne | before you filed proprietor or self per of a limited li per in a partnersh per, director, or r | I for bankrup If-employed i liability comp hip managing ex | tcy, did you own a busin in a trade, profession, or nany (LLC) or limited liab | ess or have any other activity, e ility partnership | of the following connect | |
| ithin 4 years I A sole p A nemb A partne An office | before you filed proprietor or self per of a limited li per in a partnersh per, director, or r per of at least 5% | I for bankrup of-employed in liability comp hip managing ex 6 of the voting | tcy, did you own a busin n a trade, profession, or nany (LLC) or limited liab ecutive of a corporation g or equity securities of | ess or have any other activity, e ility partnership | of the following connect | |
| ithin 4 years I A sole p A memb A partne An office An owne | before you filed proprietor or self per of a limited lifer in a partnersher, director, or reer of at least 5% of the above applications. | I for bankruph If-employed in Inability comp hip managing exo of the voting lies. Go to Pa | tcy, did you own a busin in a trade, profession, or pany (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. | ess or have any other activity, e ility partnership a corporation | of the following connect | |
| ithin 4 years I A sole p A memb A partne An office An owne | before you filed proprietor or self per of a limited lifer in a partnersher, director, or reer of at least 5% of the above applications. | I for bankruph If-employed in Inability comp hip managing exo of the voting lies. Go to Pa | tcy, did you own a busin in a trade, profession, or nany (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. in the details below for o | ess or have any other activity, e ility partnership a corporation each business. | y of the following connect ither full-time or part-time (LLP) | 9 |
| ithin 4 years I A sole p A memb A partne An office An owne No. None of Yes, Check | before you filed proprietor or self per of a limited lifer in a partnersher, director, or reer of at least 5% of the above applications. | I for bankrup if-employed in liability comp hip managing ex 6 of the voting lies. Go to Pa bove and fill | tcy, did you own a busing in a trade, profession, or samy (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. | ess or have any other activity, e ility partnership a corporation each business. | y of the following connect ither full-time or part-time (LLP) (Employer Iden | e dification number |
| ithin 4 years I A sole p A memb A partne An office An owne No. None of Yes, Check | before you filed proprietor or self per of a limited liber in a partnersher, director, or rer of at least 5% of the above apply all that appl | I for bankrup if-employed in liability comp hip managing ex 6 of the voting lies. Go to Pa bove and fill | tcy, did you own a busing a trade, profession, or pany (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the | ess or have am other activity, e ility partnership a corporation each business. | y of the following connect pither full-time or part-time (LLP) Employer ider Do not include | etification number a Social Security number or ITIN. |
| A sole p A memb A partne An office An owne No. None of Yes. Check | before you filed proprietor or self per of a limited liber in a partnersher, director, or rer of at least 5% of the above apply all that appl | I for bankruph If-employed in Liability comp hip managing exo sof the voting lies. Go to Pa bove and fill NCIES COL | tcy, did you own a busing in a trade, profession, or samy (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. | ess or have am other activity, e ility partnership a corporation each business. | y of the following connect ither full-time or part-time (LLP) (Employer Iden | etification number a Social Security number or ITIN. |
| A sole p A memb A partne An office An owne No. None of Yes. Check | before you filed proprietor or set the of a limited liter in a partnersher, director, or refer of at least 5% of the above applicable that apply all that ap | I for bankruph If-employed in Liability comp hip managing exo softhe voting lies. Go to Pa bove and fill NCIES COL | tcy, did you own a busin in a trade, profession, or namy (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. in the details below for o Describe the nature of th | ess or have any other activity, etallity partnership a corporation each business. | er of the following connect pither full-time or part-time (LLP) Employer idea Do not include EIN: 83-44 | ntification number Social Security number or ITIN. |
| A sole p A nomb A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str | before you filed proprietor or set the of a limited liter in a partnersher, director, or refer of at least 5% of the above applicable that apply all that ap | I for bankruph If-employed in Liability comp hip managing exo softhe voting lies. Go to Pa bove and fill NCIES COL | tcy, did you own a busing a trade, profession, or pany (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the | ess or have any other activity, etallity partnership a corporation each business. | y of the following connect pither full-time or part-time (LLP) Employer ider Do not include | ntification number Social Security number or ITIN. |
| A sole p A sole p A memb A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above appliall that apply all that apply all that apply all EEZEWOOD reet | I for bankrupp If-employed in Idability comp hip managing exo for the voting lies. Go to Pa bove and fill NCIES COL | tcy, did you own a busin in a trade, profession, or namy (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. in the details below for o Describe the nature of th | ess or have any other activity, etallity partnership a corporation each business. | er of the following connect either full-time or part-time (LLP) Employer Iden Do not include EIN: 83-44 | ntification number e Social Security number or ITIN. O0421 |
| A sole p A sole p A memb An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above apply all that apply all that apply all the self tendent me | I for bankrupp If-employed in Ideality comp In the in Ideality comp Ideality c | tcy, did you own a busin in a trade, profession, or namy (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. in the details below for o Describe the nature of th | ess or have any other activity, etallity partnership a corporation each business. | er of the following connect either full-time or part-time (LLP) Employer Iden Do not include EIN: 83-44 | ntification number Social Security number or ITIN. |
| A sole p A sole p A memb A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above appliall that apply all that apply all that apply all EEZEWOOD reet | I for bankrupp If-employed in Idability comp hip managing exo for the voting lies. Go to Pa bove and fill NCIES COL | tcy, did you own a busing a trade, profession, or sarry (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the MERCHANDISING BUSING BUSI | ess or have am other activity, e ility partnership a corporation each business. e business | c of the following connect wither full-time or part-time of (LLP) Employer idea Do not include EIN: 83-44 Dates busines | etification number e Social Security number or ITIN. 00421 s existed 19 To |
| A sole p A sole p A memb An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above apply all that apply all that apply all the self tendent me | I for bankrupp If-employed in Ideality comp In the in Ideality comp Ideality c | tcy, did you own a busin in a trade, profession, or namy (LLC) or limited liab ecutive of a corporation g or equity securities of art 12. in the details below for o Describe the nature of th | ess or have am other activity, e ility partnership a corporation each business. e business | c of the following connect wither full-time or part-time of (LLP) Employer idea Do not include EIN: 83-44 Dates business From 20 | estification number e Social Security number or ITIN. 00421 es existed 19 To ntification number |
| A sole p A sole p A memb An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE | before you filed proprietor or set per of a limited liber in a partnersher, director, or rer of at least 5% of the above applicable that apply all that apply all LISH TENDEN me REEZEWOOD reet BELT MD State | I for bankrupp If-employed in Ideality comp In this Ideality comp | tcy, did you own a busing a trade, profession, or sarry (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the MERCHANDISING BUSING BUSI | ess or have am other activity, e ility partnership a corporation each business. e business | c of the following connect wither full-time or part-time of (LLP) Employer idea Do not include EIN: 83-44 Dates business From 20 | etification number e Social Security number or ITIN. 00421 s existed 19 To |
| A sole p A sole p A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE | before you filed proprietor or set per of a limited liber in a partnersher, director, or rer of at least 5% of the above applicable that apply all that apply all LISH TENDEN me REEZEWOOD reet BELT MD State | I for bankrupp If-employed in Ideality comp In this Ideality comp | tcy, did you own a busing a trade, profession, or sarry (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the MERCHANDISING BUSING BUSI | ess or have am other activity, e ility partnership a corporation each business. e business | c of the following connect wither full-time or part-time of (LLP) Employer ider Do not include EIN: 83-44 Dates busines From 20 Employer ider Do not include Do not inc | estification number e Social Security number or ITIN. 00421 es existed 19 To ntification number |
| A sole p A sole p A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above apply all that appl | I for bankrupp If-employed in Ideality comp In this Ideality comp | tcy, did you own a busing a trade, profession, or pany (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. in the details below for a Describe the nature of the MERCHANDISING BUSING BUSIN | ess or have amy other activity, e ility partnership a corporation each business. EINESS | continue of the following connect wither full-time or part-time of (LLP) Employer Ider Do not include EIN: 83-44 Dates busines From 20 Employer Ider Do not include EIN: | estification number e Social Security number or iTIN. 00421 es existed 19 To etification number e Social Security number or iTIN. |
| A sole p A sole p A memb A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE City | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above apply all that appl | I for bankrupp If-employed in Ideality comp In this Ideality comp | tcy, did you own a busing a trade, profession, or sarry (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. In the details below for a Describe the nature of the MERCHANDISING BUSING BUSI | ess or have amy other activity, e ility partnership a corporation each business. EINESS | c of the following connect wither full-time or part-time of (LLP) Employer ider Do not include EIN: 83-44 Dates busines From 20 Employer ider Do not include Do not inc | estification number e Social Security number or iTIN. 00421 es existed 19 To etification number e Social Security number or iTIN. |
| A sole p A sole p A memb A partne An office An owne No. None of Yes. Check QUEEN- Business Nam 6107 BR Number Str 303 GREENE City | before you filed broprietor or self per of a limited lier in a partnersher, director, or reer of at least 5% of the above apply all that appl | I for bankrupp If-employed in Ideality comp In this Ideality comp | tcy, did you own a busing a trade, profession, or pany (LLC) or limited liable ecutive of a corporation g or equity securities of art 12. in the details below for a Describe the nature of the MERCHANDISING BUSING BUSIN | ess or have amy other activity, e ility partnership a corporation each business. EINESS | continue of the following connect wither full-time or part-time of (LLP) Employer Ider Do not include EIN: 83-44 Dates busines From 20 Employer Ider Do not include EIN: | estification number e Social Security number or iTIN. 00421 es existed 19 To etification number e Social Security number or iTIN. |

Case 19-26195 Doc 1 Filed 12/06/19 Page 61 of 66

DORELLA N. FOUNTAIN

Debtor 1

| First Name Middle Name | Last Name | |
|--|--|---|
| | | |
| | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Business Name | | EIN: - |
| Number Street | Name of annual to the little and a second an | |
| | Name of accountant or bookkeeper | Dates business existed |
| City State 2 | ZIP Code | From To |
| - | or bankruptcy, did you give a financial statement to | anyone about your business? Include all financial |
| stitutions, creditors, or other pa | arties. | |
| Yes. Fill in the details below. | | |
| | Date issued | |
| | | |
| Name | MM / DD / YYYY | |
| Number Street | - | |
| | | |
| | | |
| City State 2 | ZIP Code | |
| | | |
| | | |
| | | |
| 12: Sign Below | | · · · · · · · · · · · · · · · · · · · |
| have read the answers on this mswers are true and correct. I n connection with a bankruptcy | y case can result in fines up to \$250,000, or impriso | ng property, or obtaining money or property by fraud |
| have read the answers on this uswers are true and correct. I in connection with a bankruptcy 8 U.S.C. §§ 152, 1341, 1519, and | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprisor at 3571. | ng property, or obtaining money or property by fraud |
| have read the answers on this asswers are true and correct. I an connection with a bankruptcy 8 U.S.C. §§ 152, 1341, 1519, and | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison a 3571. | ng property, or obtaining money or property by fraud |
| have read the answers on this inswers are true and correct. I in connection with a bankruptcy 8 U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprisor at 3571. | ng property, or obtaining money or property by fraud |
| have read the answers on this unswers are true and correct. I on connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison a 3571. | ng property, or obtaining money or property by fraud |
| have read the answers on this answers are true and correct. I a n connection with a bankruptcy is U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison at 3571. Signature of Debtor 2 | ng property, or obtaining money or property by fraud nament for up to 20 years, or both. |
| have read the answers on this answers are true and correct. I a nonnection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 Date 2 2009 Did you attach additional pages No | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison at 3571. Signature of Debtor 2 | ng property, or obtaining money or property by fraud nament for up to 20 years, or both. |
| have read the answers on this answers are true and correct. I is in connection with a bankruptcy is U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 Date 2 209 Did you attach additional pages No | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison at 3571. Signature of Debtor 2 | ng property, or obtaining money or property by fraud nament for up to 20 years, or both. |
| have read the answers on this suswers are true and correct. I a nonnection with a bankruptcy is U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 Date 2 (20) R Did you attach additional pages No 2 Yes | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison a 3571. Signature of Debtor 2 Date | ing property, or obtaining money or property by fraudonment for up to 20 years, or both. |
| have read the answers on this answers are true and correct. I a in connection with a bankruptcy is U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 1 Date 22 (20) R Did you attach additional pages No Yes | understand that making a false statement, concealing case can result in fines up to \$250,000, or imprison at 3571. Signature of Debtor 2 | ing property, or obtaining money or property by fraudonment for up to 20 years, or both. |

DISTRICT OF MARYLAND

IN THE UNITED STATES BANKRUPTCY COURT FOR THE

U.S. BANKRUPTCY COURT OF MARYLAND

GREENBELT

Debtor Signature

DORELLA N. FOUNTAIN
Debtor.

Case No.
Chapter 7

VERIFICATION OF MATRIX

The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge.

Ability Recovery Servi Po Box 4031 Wyoming, PA 18644

Butlet Transportation Sevices 1717 Whitehead Road Woodlawn, MD 21207

Capital One Bank Usa N Po Box 85520 Richmond, VA 23285

Commonwealth Financial P O Box 197 Dunmore, PA 18512

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Credit Acceptance Corp Po Box 513 Southfield, MI 48037

Credit Collection Serv 725 Canton St Norwood, MA 02062 Fms Financial Solution 9001 Edmonston Rd Ste 20 Greenbelt, MD 20770

Fedloan Servicing
P O Box 530210
Atlanta, GA 30353-0210

Gm Financial
Po Box 181145
Arlington, TX 76096

Green Dot Bank
Po Box 5100
Pasadena, CA 91117

I C System Inc Po Box 64378 Saint Paul, MN 55164

Internal Revenue Service Po Box 37910 Hartford, CT 06176

Janae Fountain 4636 Winterberry Lane Oxon Hill, MD 20745 Lvnv Funding Llc 55 Beattie Place Greenville, SC 29601

Meridian Financial M 39 South 4th Street Warrenton, VA 20186

Nelnet Lns Po Box 1649 Denver, CO 80201

Pamela Feeley 9901 Medical Center Drive Rockville, MD 20850

Portfolio Recovery Associates Llc 120 Corporate Blvd Norfolk, VA 23502

Ra Rogers In Coll 2135 Espey Court Crofton, MD 21114

Receivables Managment 1807 Huguenot Road Midlothian, VA 23113 Shady Grove Adventist Hospital 9901 Medical Center Drive Rockville, MD 20850

Transworld System Inc 500 Virginia Dr Fort Washington, PA 19034

United Consumers 14205 Telegraph Rd Woodbridge, VA 22192

Waypoint Resource Grou 301 Sundance Pkwy Round Rock, TX 78681